


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 OCT 17 PM 4:09 SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # P94000063105					
1. Corporation Name M.G.S. TRADING CORP.					
2. Principal Office Address 11808 S.W. 91 TERRACE Suite, Apt. #, etc.			3. Mailing Office Address 11808 S.W. 91 TERRACE Suite, Apt. #, etc.		
City & State MIAMI, FLORIDA Zip 33186 Country MIAMI-DADE			City & State MIAMI, FLORIDA Zip 33186 Country MIAMI-DADE		
4. Date Incorporated or Qualified To Do Business in Florida				5. FEI Number 65-0514800	
				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					

7. Name and Address of Current Registered Agent	
Name CAMPOS, MILTON D.	
Street Address (P.O. Box Number is Not Acceptable) 11808 S.W. 91 TERRACE	
Suite, Apt. #, Etc. 200004670962-0	
City MIAMI	
State FL	Zip Code 33186

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Milton D. Campos* Date 10-8-01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	CAMPOS, MILTON D.	11808 S.W. 91 TERRACE	MIAMI, FL 33186
DVP	CAMPOS, MILTON D. JR.	11808 S.W. 91 TERRACE	MIAMI, FL 33186

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Milton D. Campos* **CAMPOS, MILTON D.** Date 10-08-01 (307) 442-7294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #