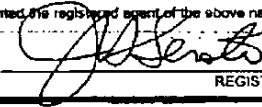
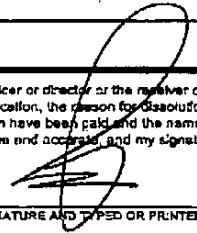


To: The Florida Dept. of State
Subject: 001442.77244

From: Ashley Smith

Thursday, November 08, 2007 1:19 PM Page: 2 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000080484			
1. Corporation Name Pemur Trading Corp.			
2. Principal Office Address - No P.O. Box # 11014 NW 33 ST.		3. Mailing Office Address	
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc.	
City & State DORAL, FLORIDA		City & State	
Zip 33172	Country U.S.	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 11/02/94			
5. FEI Number 65-0532106		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Joseph H. Serota, Esq.			
Street Address (P.O. Box Number is Not Accessible) 2525 Ponce de Leon Boulevard			
Suite, Apt. #, etc. Suite 700			
City Coral Gables, Florida		State FL	Zip Code 33134
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 		Date 11/8/07	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	RAUL PEDRAZA	11014 NW 33 ST.	Miami, Florida 33172
10. I certify that I am an officer or director of 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 contained in Chapter 119, 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: 		Date 11/8/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Raul Pedraza		Daytime Phone # 305 392 4727	

H07000275253 3

To: The Florida Dept. of State
Subject: 001442.77244

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Florida Department of State

Division of Corporations
Public Access System

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(((H07000275253 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

001442.77244

CORPORATION REINSTATEMENT

PEMUR TRADING CORP.

Certificate of Status	1
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