PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS P95000005212 DOCUMENT # 98.001-3.001 HIF 1. Corporation Name O.C. U.A. Trading Co. T/ Lalia de la Codiba Principal Place of Business Mailing Address old address: 350 w. Flagler St, Snite 119 202557200--3 ÜÜÜÜÜÜ Miami, FL 33130 ****515.00 ****515.00 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 2010 BSC ALINE BLVD Suile, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida -18-95 Suite, Apt. #, etc. 5. FEI Number Applied For 68-0852285 City & State AVENTURA City & State AVENTURA Not Applicable 6 Country US \$8.75 Additional Fee required ZP33180 20 33180 20 CERTIFICATE OF STATUS DESIRED 🔲 for a Certificate of Statu 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officet and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip 20801 BISCAYNE SLVD UNUL AKGAM AVENTURA, FL33180 kes. #400 SEL 20801 SISCAN INE GUND LESLEY KINGER AVENTURA, FL 35180 REAS 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name KKUQEK 8 Umur Akbau Street Address (P.O. Box Number CR2E040 20801 BISCALINE' BLUD \$400 SUD Suite, Apt. #, Etc AVENTICA FL 33180 roO City State Zip Code 80 AVENTUR 10. I, being appointed the registered agont g the above named corporation, am familiar with and accept the obligations of Section 607.0505, F Klee 5/26/98 Signature of Registered Agent mul Date ____ REGISTERED AGENT MUST SIGN 11. This corporation owles or has paid the current year (See other side for information on intangible tax.) No 🛄 Intangible Personal Property tax due June 30. Yes 🖵 12. 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. KRUGEK 26/78 305-932-1785 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

O.C.U.A. TRADING CO.

20801 BISCAYNE BLVD, SUITE 400 AVENTURA, FL 33180 305-932-1785 fax 305-936-1852

May 26, 1998

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Application for Reinstatement; Document #: P95000005212

Dear Sirs,

Regarding the enclosed application for reinstatement, please note that we did not receive the necessary reports for filing. OCUA Trading Company is a small business run on a small budget, and with your consideration we are enclosing a check in the amount of \$515.00, with the application to reinstate the corporation through 1998.

For further information please feel free to contact me at the above address and/or phone.

Sincerely,

Lesley Kruger Secretary Treasurer OCUA Trading Company

enclosures