PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 095600019186 99 JUL 22 AH 11: 16 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA INTERLINE TRADING, INC. 200002959292---4 -08/06/99--01090--022 10520 SW 158th COURT # 205 MISMI FL 33196 ****908.75 ****908.75 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida SAME AS ABOUE Suite, Apt. #, etc. SAME AS ABOUE Suite, Apt. #, etc. MARCH 9, 1995 5. FEI Number Applied For City & State City & State 65-0567082 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Zip (Do NOT Use Post Office Box Numbers) 10520 SW 158 CT # 205 P ALEJANDRO J. SALAZAR MIAMI FL 33196 MIDMI FL 33196 MISMI, fc 33196 FREDDY J. PSIPA 10520. SM 128 CT # 502 S MISMI, FL 33196 10520 SW 158 CT # 205 IRELMA M. UGARTE FL...STATEMENT 98 B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent CORPORATION INFORMSTION SERVICES, INC ALEJANNO SACA ZAZ Street Address (P.O. Box Number is Not Acceptable) 1201 Hoys STREET 10520 SW 158 CT # Suite, Apt. #, Etc. TALLAHASSEE, FL \$2301 205 City State Zip Code FL 33/96 MISMI 10. I, being appointed the registered agent of the above hamed corporation, am familiar with and accept the obligations of Section 607,0505, F.S. Signature of Registered Agent 07/16/99 ECISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information Intangible Personal Property Tax due June 30. on intangible tax.) 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 filling this reinstatement application, the reason fol 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. 07/16/99 ALEJANDRO SALAZAR SIGNATURE: SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR