PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	Katherir Secretar	TMENT OF STATE ne Harris y of State corporations	02 H	FILED AY 13 PH 2:04	
P95000040175 Ad M EXPORT TRADING			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Office Address 138 S. W. 148PL SAME			3000056101733 -05/24/0201044008 *****490.00 *****490.00		
Suite, Apt. #, etc. City & State Country 3 3 / Su	Suite, Apt. #, etc. City & State Zip	Country	4. Date Incorporated or To Do Business in Fig. 5. FEI Number 6. CERTIFICATE OF STATU	S DESIDED \$8.75 Additi	Applied For Not Applicable onal Fee required ficate of Status
Si et Address (P.O. Box Number is Nu	SHOU ot Acceptable) ILISPL		State FL.	Zip Code 33181 505 or 617.0503, F.S.	
9. Names and Street Addresses of Each Officer an	id/or Director (Florida nonpro	ofit corporations must list at le	ast 3 directors)		
Titles Name of Officers and/or Directors	tles Name of Officers and/or Directors			City / State / Zip	
PRES ALDO DESH SEC WELBA DESI	100 4/2	28 5.W. 1 28 1.SW	48PC M	19mr 1, Pl	3318 3318
	C	0-02	. UBR	78	
10. I certify that I am an officer or director or the rece this reinstatement application, the reason for diss owed by the corporation have been paid and the on this application is true and accurate, and my s	solution has been eliminated, names of individuals listed o	, the corporate name satisfies on this form do not qualify for a	the requirements of section an exemption under section	n 607.0401 or 617.0401, F.S.,	, that all fees

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Daylime Phone #