


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 01-03	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

03 MAY 12 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-95000043863

1. Corporation Name
Alto Trading Corp.
2480 W. 82 Street #7
Hialeah, Fla. 33016

2. Principal Office Address
782 Lake Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Weston, Fl.

City & State

Zip Country
33326 USA.

Zip Country

300018807203
05/12/03--01070--019 **450.00

4. Date Incorporated or Qualified
To Do Business in Florida 5/30/95

5. FEI Number 650580255
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Patricia de la Paz
Street Address (P.O. Box Number is Not Acceptable)
16046 N.W. 81 Ct.
Suite, Apt. #, Etc.
City Miami Lakes
State FL Zip Code 33016

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 Patricia de la Paz
REGISTERED AGENT MUST SIGN

Date 5/8/03

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
President	Samuel J. Sapir	782 Lake Blvd.	Weston, Fla. 33326
Treasurer	Patricia de la Paz	16046 N.W. 81 Ct	Miami, Fl. 33326

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:

Patricia de la Paz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/03
Date

Daytime Phone #

CR2E081 (10/02)