PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  $T_{\mu}^{-1}(t)$ APPROVED **APPLICATION** FLORIDA DEPARTMENT OF STATE FOR 410 DIVISION OF CORPORATIONS REINSTATEMENT 96 NOV -5 AM II: 53 DOCUMENT # P95000094419 t Corporation Name C.O. TRADING INTERNATIONAL GROUP, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4490 NW 43rd Street 4490 NW 43rd Street Lauderdale, Florida 33319 Lauderdale, Florida 33319 If above addresses are incorrect in any way, line through incorrect information and enter correction below DO NOT WRITE IN THIS SPACE 3. New Principal Office Address, If Applicable 4. Date incorporated or Qualified 2. New Mailing Address, If Applicable To Do Business in Florida 4119 North State Road 7 4119 North State Road 7 13 December Suite, Apt. #, etc Suite, Apt. #, etc. 5 FEI Number Applied For Suite 9128 **Suite 9128** Not Applicable City & State 65-0624787 Fort Lauderdale, Florida Fort Lauderdale, Florida CERTIFICATE OF STATUS DESIRED Country 33319 33319 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers City / State / Zip - - (-Officer and/or Director Title(s) (Do NOT Use Post Office Box Numbers) 4119 H. State Road 7, Ste. 9128 Fort Lauderdale, FL 33319 **DPST** Claudio Finco 70000199902 -11/07/%--0050 --01050-\*\*\*\*375.00 \*\*\*\*375.00 REINSTATEME 9. Name and Address of New Registered Age 8. Name and Address of Current Registered Agent The Law Firm of Lawrence J. Spiegel Amerilanyer Chartered
Street Address (P.O. Box Number is Not Acceptable) Chartered doing business as AmeriLawyer 343 Almeria Avenue Suile, Apt. #, Etc. 343 Almeria Avenue Coral Gables, Florida 33134 19/5-State | Zip Code 33134 Coral Gables A PART AND A Corporation, am familiar with and accept the obliquations of Section 607.0505, F.S. 10. 1, being appeinted Signature of Registered Agent Date 4 November 1996 TIA UTTETA, MERSENBENAMIST SIGN (See other side for additional information.) 11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box 12. Does this corporation pay any intangible tax to the Dept. of Revenue under S/199.032, Florida Statutes. (See other side for information on intangible tax.) Yes L No 13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k); Florida Statutes: I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or the receiver or trustose empowered to exempted application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason to (dissiplution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been public. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Claudio Finco, President

SIGNATURE:

SIGNATURE AND TYPE

4 Movember 1996

Date

Daytime Phone #