


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1997 NOV -3 PM 5:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000043864**

1. Corporation Name
GAMA TRADING, INC.

Principal Place of Business
**21310 NE 19TH AVENUE
MIAMI FL 33179**

Mailing Address
**21310 NE 19TH AVENUE
MIAMI FL 33179**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
05/15/1996

5. FEI Number
65-0676319

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	SIGAL, GARY	21310 NE 19TH AVENUE	MIAMI FL 33179
VD	SIGAL, JAMIE	P.O. BOX 4384 - N/A	HALLANDALE FL 33008
VD	SIGAL, MAURICIO	1105 TREERAIL PARKWAY	NORCROSS GA 30093
PSD	ISAAC SIGAL	21310 NE 19 AVE.	N. MIAMI BCH, FL 33179

600002340676
-11/05/97--01089
****165.00 ****113.00

8. Name and Address of Current Registered Agent

**SIGAL, GARY
21310 NE 19TH AVENUE
MIAMI FL 33179**

9. Name and Address of New Registered Agent


Name **ISAAC SIGAL**

Street Address (P.O. Box Number is Not Acceptable)
21310 NE 19 AVE

Suite, Apt. #, Etc.
No. MIAMI BCH

City **MIAMI** State **FL** Zip Code **33179**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  Date **10-30-97**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information 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 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:  **ISAAC SIGAL** (305) **10-30-97 932-3322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP22E040 (8/97)

21310 NE 19 AVENUE,
N. MIAMI BEACH, FL 33179
TEL: 305-932-3322
FAX: 305-935-0494

**CASH MANAGING
SOLUTIONS**

Member of:



October 28, 1997

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

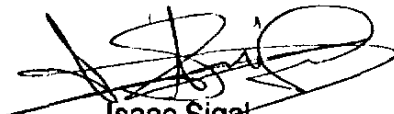
To whom it may concern:

I would like to express my apologies for neglecting to file the Corporation Annual Report. The secretary that was employed by us overlooked the forms and filed them in our filing cabinet. Furthermore, in September we registered the fictitious name, Cash Management Solutions, and it was accepted by the State. At that time, I was unaware of the failure to file the Corporation Annual Report.

Enclosed you will find a check in the amount of \$165 to cover the fee. Please accept our apologies with the understanding and promise that this incident will not happen again.

Thank you very much for your understanding and cooperation.

Respectfully yours,


Isaac Sigal
President