


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 02 MAY -2 PM 6:31  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **PA6000060800**

1. Corporation Name  
**Lumax Trading Corp.**

2. Principal Office Address <b>10043 Costadel Sol Blvd</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>10043 Costa del Sol Blvd</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33178</b>	Country <b>US</b>	Zip <b>33178</b>	Country <b>U.S.</b>

**05/19/01 90278 040 158.75**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
**65-0603507**

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

7. Name and Address of Current Registered Agent

Name  
**Juan Perrone**

Street Address (P.O. Box Number is Not Acceptable)  
**10043 Costa del Sol Blvd**

Suite, Apt. #, Etc.

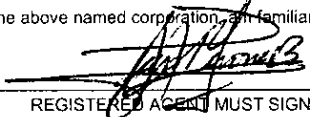
City  
**Miami**

State  
**FL**

Zip Code  
**33178**

**600005555236--2**  
**-05/16/02--01055--028**  
**\*\*\*158.75 \*\*\*158.75**

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  Date **4/30/02**

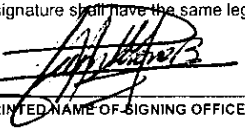
REGISTERED AGENT MUST SIGN

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
<b>DPS</b>	<b>Juan Perrone</b>	<b>10043 Costadel Sol Blvd</b>	<b>Miami, FL 33178</b>

**0-02457178**

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:  Date **4/30/02** (786) Daytime Phone # **236-4557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

# *Lumax Trading Corp.*

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*Perrone*

April 29, 2002

Department of State  
Division of Corporations  
PO BOX 1500  
Tallahassee, Florida 32302-1500

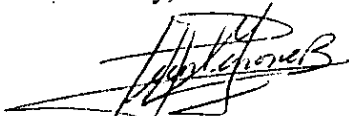
To whom it may concern,

Please accept this letter as my request to have reinstatement fees waived for Lumax Trading Corp. As per my conversation with Michelle Milligan on April 29<sup>th</sup>, I was notified that a rejection letter was sent on June 4<sup>th</sup>, 2001 due to missing signature. Said letter or any other correspondence was never received and Lumax was then dissolved. Any help with this situation will be greatly appreciated.

Should you have any additional questions, please feel free to contact me at your earliest convenience.

Thanking you in advance for your prompt attention to this matter.

Sincerely,



Juan Perrone  
Lumax Trading Corp.  
President