

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED  
 98 FEB 25 PM 4:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 986000077072  
 1. Corporation Name  
**FLINSALES TRADING + HOLDING CORPORATION**

Principal Place of Business / Mailing Address  
**150 S.E. 2ND AVENUE  
 MIAMI, FL 33131**

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

2. New Principal Office Address, If Applicable <b>12500 S.W. 130TH STREET</b> Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.
City & State <b>MIAMI, FLORIDA</b>	City & State
Zip <b>33186</b>	Country <b>U.S.A</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>17 SEPTEMBER 1996</b>	
5. FEI Number <b>NONE</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
P/S/D	Jose Gomes	12500 S.W. 130 Street	Miami, FL 33186
V/T/D	Antonio Sotero	12500 S.W. 130 Street	Miami, FL 33186
			200002443012--4 -02/27/98--01097--003 ***\$300.00 ***\$300.00
<b>REINSTATEMENT</b> <u>97-98</u>			<u>4-2-25-98</u>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name <b>Sheldon L. Gottlieb</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>10700 N. Kendall Drive,</b>	
Suite, Apt. #, Etc. <b>Suite 203</b>	
City <b>Miami</b>	State <b>FL</b>
Zip Code <b>33176</b>	

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: [Signature] REGISTERED AGENT MUST SIGN Date: 2-23-98

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2-23-98 Daytime Phone #

CR2E040 (1/98)