

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 SEP 29 AM 9:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000019056

1. Corporation Name

AMB INTERNATIONAL TRADING, Inc.

2. Principal Office Address

169 E Flager St

3. Mailing Office Address

169 E Flager St

Suite, Apt. #, etc.

Suite #1534

Suite, Apt. #, etc.

suite #1534

City & State

Miami, FL 33131

City & State

Miami, FL 33131

Zip

Country

Zip

Country

REINSTATEMENT *08-10*

4. Date Incorporated or Qualified To Do Business in Florida

2/27/1997

5. FEI Number

65-0732612

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Martti Kalkas

~~300003417649-6~~

Street Address (P.O. Box Number is Not Acceptable)

245 SE 1st Street, Suite 311

~~10/06/00-01127-005~~

~~***1050.00 ***1050.00~~

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33131

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

Martti Kalkas

Date 9/26/00

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
PSD	Daniel Vives	169 E Flager St. #1534	Miami, FL 33131
VPTD	Elsa Vives	169 E Flager St. #1534	Miami, FL 33131

KE

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:

Daniel Vives
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/00 (305) 960-1180

Date

Daytime Phone #

CR2E081 (9/99)