1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027483

1. Corporation Name
MTM INTERNATIONAL TRADING, INC.

REINSTATEMENT 00-04

2. Principal Office Address	3. Mailing Office Address
1250 E. Hallandale Beach Blvd.	same
Suite, Apt. #, etc.: Suite 804	Suite, Apt. #, etc.: same
City & State: Hallandale, Florida	City & State:
Zip: 33009-4634 Country: Broward	Zip: same Country:

4. Date Incorporated or Qualified To Do Business in Florida 03/26/1997

5. FEI Number 650741953 ☐ 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: Etgar, Morty

Street Address (P.O. Box Number is Not Acceptable): 1501 Venera Avenue

Suite, Apt. #, Etc.: #200

City: Coral Gables State: FL Zip Code: 33146

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 6/9/2004

REGISTERED AGENT SIGN

CR2E031 (01/04)

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
P	Kroitoro Moshe	1250 E. Hallandale Beach Blvd.	Hallandale, Fl. 33009-4634

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: Kroitoro 6/9/2004 954-458-3440

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

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

MTM INTERNATIONAL TRADING, INC.

Certificate of Status	0
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