PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

98-99AR.

FILED
99 JUN 14 PM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000040337

1. Corporation Name

SUBLIME TRADING COMPANY

Principal Place of Business	Mailing Address
150 SE 2nd. Avenue Suite 1002 Miami, FL 33131.	150 SE 2nd Avenue Suite 1002 Miami, FL 33131.

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

REINSTATEMENT 98-99AR

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
21440 Highland Lakes Blvd.	21440 Highland Lakes Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
North Miami Beach, FL.	North Miami Beach, FL.
Zip 33179 Country USA	Zip 33179 Country USA.

4 Date Incorporated or Qualified To Do Business in Florida: May 2, 1997.

5 FEI Number: 65-0750154 (Applied For / Not Applicable)

6 CERTIFICATE OF STATUS DESIRED [X] $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,T	Jose Braulio de Carvalho	21440 Highland Lakes Blvd.	Miami, FL 33179.
S,VP	Susan Peters de Carvalho	21440 Highland Lakes Blvd,	Miami, FL 33179.

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8. Name and Address of Current Registered Agent

Gabriel Prats
151 Majorca Ave. # C.
Coral Gables, FL 33134.

9. Name and Address of New Registered Agent

Name: GABRIEL PRATS
Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce de Leon Blvd.
Suite, Apt. #, Etc.: # 240
City: Coral Gables
State: FL Zip Code: 33134

CR2E040 (12/96)

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

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., 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.

6/14/99

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/99 Date

305-812-4711 Daytime Phone #