

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

00 JAN 24 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000066616

1. Corporation Name

MARKETING INTERNATIONAL TRADING, INC.

1

Principal Place of Business

Mailing Address

182 LAKE VIEW DRIVE #104 BLDG 14
FT LAUDERDALE FL 33326

182 LAKE VIEW DRIVE #104 BLDG 14
FT LAUDERDALE FL 33326



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 65-0840509

Applied For

City & State

City & State

65-0840509 APPLIED FOR

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

800003114159--2

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
1	2	3	4
PD	URBINA, GUSTAVO	182 LAKE VIEW DRIVE #104 BLDG 14	FT LAUDERDALE FL 33326
VSD	URBINA, IDALIA DE	182 LAKE VIEW DRIVE #104 BLDG 14	FT LAUDERDALE FL 33326

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Healthcare Management & Billing, Inc.

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

9211 KENDALE BLVD

Suite, Apt. #, Etc.

City Mia

LIONET BARNET, P.A.

9100 SOUTH DADELAND BLVD #404

MIAMI FL 33156

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/23/99

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-26-99

Daytime Phone #