PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 MAY 22 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000091410

1. Corporation Name
THE AMERICAN UNION TRADERS COMP. INC.

REINSTATEMENT 98-00

2. Principal Office Address	**3.** Mailing Office Address
2655 LE JEUNE RD # 326	2655 LE JEUNE RD #326
Suite, Apt. #, etc.: 326	Suite, Apt. #, etc.: 326
City & State: CORAL GABLES	City & State: CORAL GABLES
Zip: 33134 Country: U.S.A.	Zip: 33134 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 10/23/97

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ]

$8.75 Additional Fee Required if Certified Copy or Status

7. Name and Address of Current Registered Agent

Name: EDUARDO ANDRADE

Street Address (P.O. Box Number is Not Acceptable): 10850 N. KENDALL DR.

Suite, Apt. #, Etc.: 204

City: MIAMI State: FL Zip Code: 33176

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***1050.00 ***1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: _____ Date: 5-18-00
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
P	EDUARDO ANDRADE	10850 N. KENDALL DR #204	MIAMI, FL. 33176

10. I certify that I am an officer or director of 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: _____ 5-18-00 (305) 606-6091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #