PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	FLORIDA DEPARTMENT OF STATE
CORPORATION REINSTATEMENT	**Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 10 PM 4:12

DOCUMENT # P9700009|905

1. Corporation Name WOLFE INTERNATIONAL TRADING CO.

REINSTATEMENT 07

2. Principal Office Address 473 MENDOZA AVE	**3.** Mailing Office Address 473 MENDOZA AVE		
Suite, Apt. #, etc. APT 4	Suite, Apt. #, etc. APT 4		
City & State CORAL GABLES FL	City & State CORAL GABLES FL	**4.** Date Incorporated or Qualified To Do Business in Florida 10/27/97	
		5. FEI Number 65-0791631	Applied For / Not Applicable
Zip 33134	Country DADE	Zip 33134	Country DADE	**6.** CERTIFICATE OF STATUS DESIRED ☒	$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name ROYALE MANAGEMENT SERVICES INC.

Street Address (P.O. Box Number is Not Acceptable) 2319 N ANDREWS AVE

Suite, Apt. #, Etc.

City FORT LAUDERDALE	State FL	Zip Code 33311

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 _____ REGISTERED AGENT MUST SIGN PRESIDENT Date 11/30/01
Royale management Services Inc

CR2E081 (9/00)

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
PSTD	WOLFE, GILBERT R	473 MENDOZA AVE #4	CORAL GABLES FL 33134
			300004726643---9
			--12/14/01--01042--025
			****758.75 ****758.75

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: _Gilbert Wolfe_ 6 Dec 01 786 295 1281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #