PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			-	<u></u>				n	IL NOV	29 PH	L : 36	5	
	RPORATI			FLORIDA DEPARTMENT OF STATE		ATE							
116114	OIAILW			DIVISION OF CORPORATIONS									
DOCU	JMENT ation Name	-# P	97000	51801c	4								
Access	Consultin	ıg & Tr	ading, Inc.										
	W 157 Av W 157 Av												
2. Principal Office Address 9132 SW 157 Ave. Road				3. Mailing Office Address 9132 SW 157 Ave. Road					74 7 1	LME	NT	02-0	94
Suite, Apt. #, etc.				Suite, Apt. #, etc.				下れっ	IMI	E4742	240		
								4. Date Incor To Do Bus		Qualified rida 12/23	/1997		
City & State Miami, FL				City & State Miami,FL				5. FEI Number Applied F 65-0810989 Not Applied					
^{Zip} 33196	Country Dade			Zip 33196		Country Dade	6. CERTIFICA		E OF STATUS	DESIRED [\$8.75 / for a	Additional Fer Certificate of	
				7. N	ed Agent			_ 222 0.20					
	Name Fabio Meira												
	Street Address (P.O. Box Number is Not Acceptable) 9132 SW 157 Avenue Road												٠
- PSA	Suite, Apt. #. Etc.										`		
	City Miami								State Zip Code FL 33196				
8. I, being	appointed the	e register	ed agent of the abo	ve named corpor	ration, am f	amiliar with and acc	ept the ob	ligations of sect	tion 607.050	5 or 617.050	3, F.S.	ng manuning	
Signature of Registered									Date _			<u> </u>	
9. Names	s and Street A	ddresses	· · · · ·	EGISTERED AG		sign of the corporations must	t list at lea	ast 3 directors)				<u></u>	
Titles	Name of Officers and/or Directors			Street Address of			s of Each	Each		Cit	y / State /	Zip	
DP	Fabio Meira			9132 SW 157 Ave Road				Miami,Fl 33196					
DVP	Hulda Meira			9132 SW 157 Ave Road			oad	Miami,FI 33196					
					_ _				7 E **** E **** S ****		A .4.	~	
<u> </u>	 										.00		

10. Leartify that Lam 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 Giing 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:

RESIDENT FARIO MEIRA GNATUSE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/204 (305)388-5300 Dayume Phone # CR2E081 (01/04)



FILE

04 NOV 29 PM 4: 36

SECRETARY OF STATE

Information Technology Solutions Provider

To: Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl 32314

Re: Reinstate of Corporation

Document # P97000108104

We received a call this week from our Bank informing that our Corporation has a current Status of inactive. I must tell you it came as a surprise since we never received any notification from the State of Florida. I immediately went back to the files and found our last renewal on February 13, 2001 in which had a request for change of address (please find attached copy of the renewal of 2001) we have since moved again and had the mail forward but never received any notification.

I was instructed by one of your agents yesterday when I called the 850-245-6059 to send documentation of Corporation Reinstatement along with this letter and check for the amount of \$450.00

Should you have any question please do not hesitate to call me at 305-388-5300

Thank you