2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000073903

1. Entity Name
MARGARITA INTERNATIONAL TRADING, INC.

FILED
08 FEB 27 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O NICOLAS FERNANDEZ, P.A. 780 NW LEJEUNE ROAD, SUITE 324 MIAMI, FL 33126 US	C/O NICOLAS FERNANDEZ, P.A. 780 NW LEJEUNE ROAD, SUITE 324 MIAMI, FL 33126 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10 NW Le Jeune Rd	10 NW Le Jeune Road
Suite, Apt. #, etc. Suite 500	Suite, Apt. #, etc. Suite 500
City & State Miami, FL	City & State Miami, FL
Zip 33126 Country	Zip 33126 Country

REINSTATEMENT 07-08
02132008 REINP CR2E098 (1/07)

4. FEI Number 65-0869090 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
780 NW LEJEUNE ROAD
SUISTE 324
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: Esquire Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 10 NW Le Jeune Road, Suite 500
City: Miami FL Zip Code 33126

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 2-15-08

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	BERMUDEZ, MICALO	NAME	Moncion, Eodamis
STREET ADDRESS	1801 N.W. 82 AVE	STREET ADDRESS	1801 N.W. 82 Avenue
CITY-ST-ZIP	DORAL, FL 33126	CITY-ST-ZIP	Doral, FL 33126
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	800118925958 02/27/08--01023--023 **900.00
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] EODAMIS MONCIÓN 02/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 2/28