

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

*pg 1/2*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000081510**

1. Corporation Name

**AMERITECH TRADING CORP.**

2. Principal Office Address

**8325 N.W. 144th Street**

Suite, Apt. #, etc.

City & State

**Miami, FL 33016**

Zip

Country

**Miami-Dade**

3. Mailing Office Address

**8325 N.W. 144 Street**

Suite, Apt. #, etc.

City & State

**Miami, FL 33016**

Zip

Country

**Miami-Dade**

4. Date Incorporated or Qualified  
To Do Business in Florida

**9-21-1998**

5. FEI Number

**65-0884362**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**CARLOS H MORENO**

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

**8325 N.W. 144th Street**

Suite, Apt. #, Etc.

City

**Miami**

State  
**FL**

Zip Code

**33016**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **11-7-2000**

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
PSD	CARLOS H MORENO	8325 N.W. 144th Street	Miami, FL 33016

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

**11/7/00**

Daytime Phone #

**305-216-1868**

AMERITECH TRADING CORP.

8325 N.W. 144th Street  
Miami, FL 33016

November 7, 2000

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

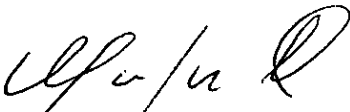
Enclosed find the Application for Reinstatement of:

AMERITECH TRADING, CORP.

As per our telephone conversation yesterday November 6, 2000, I would like to say that I never received the letter to renew the Corporation Annual report, and such letter was returned to your office. I am asking to please waive the penalty this year, and I am sending a check as per your instruction payable to the Department of State in the amount of \$ 150.00 for the filling fees of year 2000

Thank you for your assistance and understanding in reinstating this corporation.

Respectfully,

  
Carlos Humberto Moreno  
President