PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P.980000 85941

1. Corporation Name

EBENEZER TOUR & TRADING COPP.



						Fu	7:01 7:01		
Principal Place of Business. Mailing Address									
2VV EAST FLAGER ST 2NT EMT FLAGER ST						5	Ł.		
SUITE 79 DOWNTOWN SIE 79 DOWNTOW				own					
MIANI, FL 32/31 MIANI) FL 33/31									
	addresses are incorrect in any way, line th	rough incorrect	information and enter	r correction below.					
New Principal Office Address, If Applicable 3. N		3. New Ma	New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc.		Suite, Apt.	#, etc.		5. FEI Number Applied For				
City & State		City & State			5. F2 Number Applied For 6√ - 086 738 3 Not Applicable				
Zip Country		Zip Coun		6.			8.75 Additional	Sales Contractor	
					CERTIFICATE OF STATUS DESIRED L. for a Certificate of Status.				
7. Names	and Street Addresses of Each Officer and	l/or Director (F							
Title(s)	Name of Officers and/or Directors		C	treet Address of Each officer and/or Director Use Post Office Box I	r	City / State / Zip			
PD	GONZALES, HEDCL	EA. P.	34.4E 2	LND. AVEN	<i>,</i>	MIAMI, FL 3	3131	• •	
VD	SEABRA, EDMAR P. 255 EAS			T FLACEN.	st st75	MIAMI FL 3	· 23/3/	•	
ζĎ	BE ALMEIDA MARCI	34 NE ZND AVE			MIANI FL 3	33/3/			
7)	SEABRA HEDOLEA P.		34 NE 2ND AVE			Minny Fr.	33131		
				r		' 000030901873 -01/06/0001048001			
						****150.00	李孝孝孝][. 00.00	
8. Name and Address of Current Registered Agent					9. Name and	Address of New Registered	Agent		
EDMAR P. Sea Bra 255 E. Flagler St. St 19				Name					
	Office Process	st 19	39 Street Address (P.O. Box Number is Not Acceptable)						
2	55 E. Plagier	/ Z/ Suite, Apt. ≠. Etc		<u>-</u>	•				
MIAMI, FR. 33			City		<u> </u>	Class To Code			
	·				í FL	e Zip Code			
	g appointed the registered agent of the ab	ove named corp	poration, am familiar v	with and accept the of	oligations of Sec	tion 607.0505. F.S.			
Signature of Registered Agent						Date			
	nis corporation owes the tangible Personal Prope			Yes	⊠ No[(See other si on inta	de for information	on	
		_							

12. I certify that I am an officer or cirector 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 filling this reinstalement 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytique Phone #

Date

December 21, 1999

DIVISION OF CORPORATIONS ANNUAL REPORT FILINGS PO BOX 1500 TALLAHASSEE FL 32302-1500

REF: CORPORATION ANNUAL REPORT 1999 DOCUMENT#

Due to the fact that we have transferred our office to a new location, we never received your notice. This created a delay in our schedule payment, which caused us not to fill out the report on time.

Therefore, I apologize for the delay, and I attached a check number 1626 for \$150.00 from Nations Bank and the ANNUAL REPORT.

I hope you could understand, the problems caused by this misunderstanding.

Thank you for your patience. I assure you that you will have no further trouble in getting information on time.

I apologize for any inconvenience that I have caused you.

Sincerely,

EBENEZER TOUR & TRADING, CORP.

