PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 SEP 21 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000106676.

1. Corporation Name
M.B. Trading Group, Inc.

2. Principal Office Address	**3.** Mailing Office Address
10026 Hammocks Blvd.	same
Suite, Apt. #, etc.: #203	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33196 Country: USA	Zip Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida: 12-24-98

5. FEI Number: 65-0901062 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

900004610228--4
-09/25/01--01082--026
****900.00 ****900.00

Name: Manuel Barreiro
Street Address (P.O. Box Number is Not Acceptable): 10026 Hammocks Blvd.
Suite, Apt. #, Etc.: 203
City: Miami State: FL Zip Code: 33196

LS

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: M. Bar — Date: 9/19/01
REGISTERED AGENT MUST SIGN

CR2E061 (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
Pres.	Manuel Barreiro	10026 Hammocks Blvd #203	Miami, FL 33196
Sec.	Manuel Barreiro	10026 Hammocks Blvd #203	Miami, FL 33196
Treas	Manuel Barreiro	10026 Hammocks Blvd #203	Miami, FL 33196
Dir.	Manuel Barreiro	10026 Hammocks Blvd #203	Miami, FL 33196

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: M. Bar — Manuel Barreiro — 9/19/01 — (305) 617-2786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #