

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 FEB 12 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000027285

1. Corporation Name

CEDAR TRADING INC.

200029124992
02/20/04--01027--026 **300.00

REINSTATEMENT 03-04

2. Principal Office Address

2945 S. MIAMI AVE.

3. Mailing Office Address

2945 S. MIAMI AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33129

Country

Zip

33129.

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-091-110

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

HOYOS, MAITE ESQ.

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

1101 BRICKELL AVE.

Suite, Apt. #, Etc.

SUITE 704

City

MIAMI

State

FL

Zip Code

33131

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

Date

REGISTERED AGENT MUST SIGN

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
P	TSIRIS GEORGE	2945 S. MIAMI AVE.	MIAMI, FL. 33129
VP	TSIRIS PARIS	2945 S. MIAMI AVE.	MIAMI, FL. 33129
J	TSIRIS ELIZABETH	2945 S. MIAMI AVE.	MIAMI, FL. 33129

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

02/04/04

Date

Daytime Phone #

CR2E081 (01/04)



CEDAR TRADING INC.

IMPORTERS - EXPORTERS - AGENTS - DISTRIBUTORS - RESELLERS

QUALITY PRODUCTS AND SERVICES
ENERGY AND POWER AT WORK

TO: DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALAHASSEE, FL 32302-1500

DATE: 02/04/04

RE: DOCUMENT #P99000027285

DEAR SIRs,

FURTHER TO OUR CONVERSION OF TODAY WITH ONE OF YOUR ESTEEMED OFFICERS, WE CONFIRM THAT WE HAVE NEVER RECEIVED YOUR NOTICE FOR PAYMENT OF THE FEE OF \$150.00. THEREFORE WE ARE ENCLOSING A CHECK FOR THE SUM OF \$300.00 AS REQUESTED BY YOUR OFFICER (*YEARS 2002 AND 2003*).

BEST REGARDS,
GEORGE TSIRIS

2945 S. MIAMI AVE. - MIAMI, FLORIDA 33129
TEL: 1-305-8580050 - FAX: 1-305-8580783