PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 JAN -2 PM 12:48
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT

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

REINSTATEMENT 00-01

DOCUMENT #

1. Corporation Name
INTERATLANTIC COMMERCE & TRADE CO. INC.

591620

2. Principal Office Address	3. Mailing Office Address
1717 N. BAYSHORE DR.	1717 N. BAYSHORE DR.
Suite, Apt. #, etc.: 3531 SUITE	Suite, Apt. #, etc.: SUITE 3531
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33132 Country: USA	Zip: 33132 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/04/1991

5. FEI Number: 650298938 ☐ 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: JOSÉ PASKIN

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-01/11/02--01068--025
****908.75 ****908.75

Street Address (P.O. Box Number is Not Acceptable): 1717 N. BAYSHORE DR.

Suite, Apt. #, Etc.: SUITE 3531

City: MIAMI State: FL Zip Code: 33132

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: José Paskin REGISTERED AGENT MUST SIGN Date: 12/18/2001

CR2E064 (8/00)

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
PRESIDENT	JOSÉ PASKIN	1717 N. BAYSHORE DR SUITE 3531	MIAMI, FL, 33132

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: José Paskin JOSÉ PASKIN 12/18/2001 011552192619480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #