PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 SEP 24 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/25/02--01081--026
****900.00 ****900.00

REINSTATEMENT 01-02

DOCUMENT # V33531

1. Corporation Name
INTERNATIONAL TRADING & FINANCIAL CORPORATION

2. Principal Office Address	3. Mailing Office Address
1717 N. BAYSHORE DR.	
Suite, Apt. #, etc.: SUITE 129 B	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State
Zip: 33132 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-033-1628 ☐ 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: ALEJANDRO NUNEZ

Street Address (P.O. Box Number is Not Acceptable): 250 GIRALDA AVENUE

Suite, Apt. #, Etc.:

City: CORAL GABLES, FLORIDA State: FL Zip Code: 33134

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: Alejandro Nunez Date: 9-10-02
REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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
PSTD	GASPARINI, LUIS A.	1717 N. BAYSHORE DR. SUITE 129B	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: LUIS A. GASPARINI PRESIDENT 9-10-02 305-774-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JS 9/24/02