

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 OCT 24 PM 7:11																													
DOCUMENT # V46646																																	
1. Corporation Name NATIONAL TRADING MANUFACTURING, INC.																																	
Principal Place of Business 14100 N W 60TH AVENUE MIAMI LAKES FL 33014 US		Mailing Address 14100 N W 60TH AVENUE MIAMI LAKES FL 33014 US																															
If above addresses are incorrect in any way, line through incorrect information and enter correction below.																																	
2. New Principal Office Address, If Applicable 560 LAKEVIEW DR. Suite, Apt. #, etc. Miami City & State MIAMI BEACH FLA Zip 33140 Country U.S.A		3. New Mailing Office Address, If Applicable 560 LAKEVIEW DR. Suite, Apt. #, etc. City & State MIAMI BEACH FLA Zip 33140 Country		4. Date Incorporated or Qualified To Do Business in Florida 06/29/1992																													
				5: FEI Number 59-0735593																													
				Applied For Not Applicable																													
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Title(s)</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>PD</td><td>KRAVEC, RAFAEL</td><td>14100 NW 60TH AVENUE</td><td>MIAMI LAKES FL 33014</td></tr><tr><td>V</td><td>KRAVEC, SAUL</td><td>14100 N W 60TH AVENUE</td><td>MIAMI LAKES FL 33014</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PD	KRAVEC, RAFAEL	14100 NW 60TH AVENUE	MIAMI LAKES FL 33014	V	KRAVEC, SAUL	14100 N W 60TH AVENUE	MIAMI LAKES FL 33014																
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8. Name and Address of Current Registered Agent KRAVEC, SAUL 14100 N W 60TH AVENUE MIAMI LAKES FL 33014																																	
9. Name and Address of New Registered Agent Name SAUL KRAVEC Street Address (P.O. Box Number is Not Acceptable) 560 LAKEVIEW DR. Suite, Apt. #, Etc. City MIAMI BEACH State FL Zip Code 33140																																	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent SAUL KRAVEC REGISTERED AGENT MUST SIGN Date OCT-18/01																																	
11. 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: SAUL KRAVEC SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date OCT-12/01 Daytime Phone 305-349-2014																																	