PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN -3 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754969

1. Corporation Name
Security Traders Association of Florida, Inc.

Principal Place of Business
800 c/o N.A.I.B.
E. Cypress Creek Rd. Suite 302
Ft. Lauderdale, FLA. 33334

Mailing Address

REINSTATEMENT 97-98 AR

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 11/04/80

5. FEI Number 59 2121451 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	D Charlie McBride	1651 Warwick Place Longwood FLA. 32750	Longwood, FLA 32750
1st VP	D Coletta Dorado	850 Coquina Way	Boca Raton FLA 33432
2nd VP	D Tom O'Brien	1550 Brickell Ave #410A	Miami FL 33129
Sec	D Frances Proctor	8741 Pine Barrens Drive	Orlando FLA, 32817
Treasurer	D Michael Parnass	1800 NE 27th Drive	Wilton Manor, FLA 33304

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8. Name and Address of Current Registered Agent
Charlie McBride
1651 Warwick Place
Longwood, FLA 32750

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E04C (1-98)

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 Charlie McBride REGISTERED AGENT MUST SIGN *Date 5/13/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Charlie McBride 5/13/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Charlie McBride