

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000000991

1. Corporation Name

JUPITER TRADING LIMITED, INC.

2. Principal Office Address - No P.O. Box #

2843 S. BAYSHORE DRIVE

Suite, Apt. #, etc.

16B

City & State

MIAMI, FL

Zip

33133

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-09
CORP-2008 (1/1/09)

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/1997

5. FEI Number

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

NELLA SHAP

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

2843 S. BAYSHORE DRIVE

Suite, Apt. #, Etc.

16B

City

MIAMI, FL

State

FL

Zip Code

33133

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/19/2009

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
DP	NELLA SHAP	2843 S. BAYSHORE DRIVE, UNIT 16B	MIAMI, FL 33133

11/25

100103088911
11/24/09--01039--005 **1500.00

10. E-mail Address: NELLA@NELLASHAP.COM

(To be used for future annual report notification)

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. I further certify, 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:

NELLA SHAP

11/19/2009 (305) 903-5515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #