Pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -3 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000072042

1. Corporation Name

TRADING DAY, INC.

REINSTATEMENT CB-04 tr

400035158854
05/03/04--01014--019 **300.00

2. Principal Office Address	**3.** Mailing Office Address
11900 BISCAYNE BLVD	11900 BISCAYNE BLVD
Suite, Apt. #, etc.: SUITE 290	Suite, Apt. #, etc.: SUITE 290
City & State: NORTH MIAMI, FL	City & State: NORTH MIAMI, FL
Zip: 33181 / Country:	Zip: 33181 / Country:

4. Date Incorporated or Qualified To Do Business in Florida: 07/01/2002

5. FEI Number: NONE — ☐ 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: SHAPIRO, IRA R.

Street Address (P.O. Box Number is Not Acceptable): 16375 NE 18 AVENUE

Suite, Apt. #, Etc.: SUITE 225N

City: NORTH MIAMI BEACH — State: FL — Zip Code: 33162

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: _____ Date: 03/01/2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
D	KRIVORKASOV,ANDREI	11900 BISC BLVD STE 290	N MIAMI FL 33181

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: _____ 03/01/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P5 272

Accounting Office
KIM MARKS, C.P.A., P.A.
CERTIFIED PUBLIC ACCOUNTANT
11900 Biscayne Boulevard - Suite 290
North Miami, Florida 33181-2726

Toll Free USA: 888-895-5815
Internet: KimCPA@ix.netcom.com

Tel: (305) 895-5815
Fax: (305) 895-6273

April 27, 2004

Division of Corporations
Uniform Business Report Filings
PO Box 6327
Tallahassee, FL 32314-6327

Re: TRADING DAY, INC. P02000072042
UBR 2003

Enclosed please find a check in the amount of $300.00 for renewal of the corporation for 2003 and 2004.

We are requesting an abatement of the late filing penalty. The owner never received any prior notice or filings until we checked the status on the Internet. The owner lives abroad and asked us to check on it for him.

We are changing the mailing address to our office since they are no longer at that address.

Thank you,

Kim Marks CPA