

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000072042

1. Entity Name
TRADING DAY, INC.



FILED
06 OCT 17 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11900 BISCAYNE BLVD
STE 290
NORTH MIAMI, FL 33181

Mailing Address
11900 BISCAYNE BLVD
STE 290
NORTH MIAMI, FL 33181

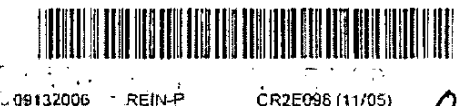
2. Principal Place of Business
3. Mailing Address
857 W. George Street

City, Apt. #, etc.
City, Apt. #, etc.

City & State
Chicago, IL

Zip
60657

Country
US



09132006 - REIN-P CR2E096 (11/05) 05-06

6. Name and Address of Current Registered Agent
SHAPIRO, IRA R
16375 NE 18 AVE STE 225 N
N MIAMI BEACH, FL 33162

4. FEI Number 55-0799261
NOT APPLICABLE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) 10-12-06

FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KRIVORKASOV, ANDREI 11900 BISC BLVD STE 290 N MIAMI, FL 33181 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Krivokrasov, Andrei 857 W. George Street Chicago, IL 60657 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	200080945162 10/18/06--01008--009 **300.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ANDREI V. KRIVORKASOV* 10/10/06 312404-3997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #