2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000072042

1. Entry Name
TRADING DAY, INC.

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

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

09132006 REIN-P CR2E098 (11/05) 05-06

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	857 W. George Street Suite, Apt. #, etc.
City & State	City & State: Chicago, IL
Zip / Country	Zip: 60657 / Country: US

4. FEI Number 55-0799261 ~~NOT APPLICABLE~~ — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAPIRO, IRA R 16375 NE 18 AVE STE 225 N N MIAMI BEACH, FL 33162	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 _____ 10-12-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

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-ST-ZIP	D KRIVORKASOV, ANDREI 11900 BISC BLVD STE 290 N MIAMI, FL 33181	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Krivokrasov, Andrei 857 W. George Street Chicago, IL 60657	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200090945152 10/18/06--01008--009 **300.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$2 10/23	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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. KRIVORKHSOV 10/10/06 312 404-3997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #