

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

04 JUL 29 AM 8:45

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000112552**

1. Corporation Name

**FERPA TRADING, INC.**

Principal Place of Business

Mailing Address

3722 LANDINGS WAY DRIVE APT #108  
 TAMPA FL

3722 LANDINGS WAY DRIVE APT #108  
 TAMPA FL

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

REINSTATEMENT



200026174292  
 01/05/04--01062--028 \*\*750.00 03-04

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/18/2002

~~FERPA TRADING INC.~~

Suite, Apt. #, etc.

~~4526 W. M. L. K. JR. BLVD.~~

City & State

~~TAMPA FL 33614~~

5. FEI Number

82-0573634

Applied For

Not Applicable

Zip

Country

Zip

Country

33614 HILLSBOROUGH

CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ACOSTA, FERDINANDO	3722 LANDINGS WAY DRIVE APT #108	TAMPA FL
D	ACOSTA, ENRIQUE	10234 PARSONS STREET	TAMPA FL 33615
D	ACOSTA, JUAN PABLO	10234 PARSONS STREET	TAMPA FL 33615
			000040063340 08/10/04--01087--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ACOSTA, FERDINANDO  
 3722 LANDINGS WAY DRIVE APT #108  
 TAMPA FL

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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. or 617.0505, F.S.

Signature of Registered Agent

*[Handwritten Signature]*  
 REGISTERED AGENT MUST SIGN

Date

12-30-03

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-30-03

Daytime Phone #

(813) 79-2117

CR2E040 (7/03)