

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 NOV 27 PM 12: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000011992

1. Corporation Name

**ECLIPSE TRADING, CORP.**

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

15371 SW 143RD STREET

3. Mailing Office Address

15371 SW 143RD STREET

**REINSTATEMENT 06-07**  
CRZE081 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For  
 Not Applicable

Zip  
33196

Country  
USA

Zip  
33196

Country  
USA

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
VIDAL PORTOCARRERO

Street Address (P.O. Box Number is Not Acceptable)  
15371 SW 143RD STREET

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33196

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

VIDAL PORTOCARRERO

Date 11/14/2007

REGISTERED AGENT MUST SIGN

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
PTD	VIDAL PORTOCARRERO	7951 S.W. 40TH STREET, STE 206	MIAMI FL 33196
VPSD	IOLANY PASTOR	7951 S.W. 40TH STREET, STE 206	MIAMI FL 33196
P	LUIS RUEDA	15371 SW 143RD STREET	MIAMI FL 33196

*J 11/29*

900112600169  
11/27/07--01024--007 \*\*300.00

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 contained in Chapter 119, 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:

VIDAL PORTOCARRERO

10/14/2007

786-399-9060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #