

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 12 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P05000061234*

1. Corporation Name

International Energy Trading Inc.

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

9248 NW 26th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

9248 NW 26th Ave

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32606

Country

USA

Zip

32606

Country

USA

7. Name and Address of Current Registered Agent

Name

JOHN S. ANDERSON

Street Address (P.O. Box Number is Not Acceptable)

9248 NW 26th Ave

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32606

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

April 2005

5. FEI Number

20-2869551

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *Nov 12, 2008*

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
<i>Pres</i>	<i>JOHN S. Anderson</i>	<i>9248 NW 26th Ave</i>	<i>Gainesville, FL 32606</i>
<i>Secy/Treas</i>	<i>CORAL A. ANDERSON</i>	<i>9248 NW 26th Ave</i>	<i>Gainesville, FL 32606</i>

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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:

[Signature]

JOHN S. Anderson

Nov 12, 2008

352-258-4863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #