

PLEASE READ ALL INSTRUCTIONS BEFORE (

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000080124

**1. Corporation Name**

THOR TRADING, INC.

9900 STIRLING ROAD

**2. Principal Office Address**

9900 STIRLING ROAD

Suite, Apt. #, etc.

221

City & State

COOPER CITY

Zip

33024

Country

US

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0451031

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

PER SODERMAN

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

9900 STIRLING ROAD

Suite, Apt. #, Etc.

221

City

COOPER CITY

State

FL

Zip Code

33024

**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

REGISTERED AGENT MUST SIGN

Date

**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
P	PER SODERMAN	9900 STIRLING ROAD	COOPER CITY, FL 33024
VP	PER SODERMAN	9900 STIRLING ROAD	COOPER CITY, FL 33024
SEC	PER SODERMAN	9900 STIRLING ROAD	COOPER CITY, FL 33024

**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 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

Daytime Phone #

FILED

05 MAR 21 AM 10: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-05

CR2081 (01/04)

Friday, March 18, 2005

State of Florida  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314  
Attn: Sean Toner

Ref: Reinstatement of Thor Trading, Inc.  
Document # P9300080124

To Sean Toner:

Per our conversation, enclosed herein please find my completed Reinstatement form along with my check in the amount of \$900.00

The reason my annual report has not been paid was because they were being mailed to the incorrect address.

The check in the amount of \$900.00 consist of \$150.00 per year from 2000-2005

If you have any additional questions please do not hesitate in contacting me at 786-295-1516.

Thank You,



Per Soderman