

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -6 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 654714

1. Corporation Name

CONTAINER TRADING INC.

2. Principal Office Address

20897 MORADA COURT

3. Mailing Office Address

20897 MORADA COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33433

Country

US

Zip

33433

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

2/4/80

5. FEI Number

59-2059315

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

JONATHAN HASKEL

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

20897 MORADA COURT

Suite, Apt. #, Etc.

200008837342
11/06/02--01133--006 **300.00

City

BOCA RATON

State
FL

Zip Code

33433

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

Jonathan Haskell

REGISTERED AGENT MUST SIGN

Date

11/1/02

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
PD	EIGIL JAKOBSEN	39 IPSWICH ROAD	WOODBIDGE, ENGLAND
SD	INGER LILJEGREU	39 IPSWICH ROAD	WOODBIDGE, ENGLAND

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:

EIGIL JAKOBSEN, PRES.

Date

Daytime Phone #

11/1/02 954-421-7055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

js 11/1/02

CONTAINER TRADING INC.

20897 Morada Court
Boca Raton, Florida 33433
Phone 954-421-7055

November 1, 2002

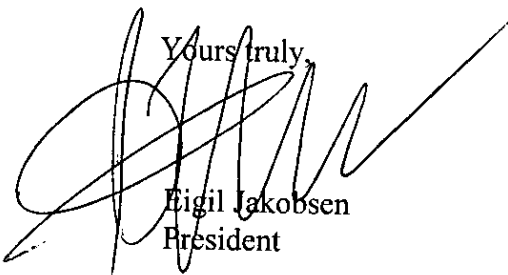
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find our form for reinstatement and a check for \$300.

For the past two years we have not received the annual report form. As a result the annual report form was accidentally not filed. We respectfully request that the reinstatement fee be waived.

Yours truly,



Eigil Jakobsen
President

Enclosures