

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 28 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F0000001399

1. Corporation Name

~~ISLAND TRADING COMPANY, INC.~~
Island Trading Company of New York, Inc.

2. Principal Office Address

76 NINTH AVE

Suite, Apt. #, etc.

1110

City & State

NEW YORK, NY

Zip

10011

Country

USA

3. Mailing Office Address

1330 OCEAN DRIVE

Suite, Apt. #, etc.

4th FL

City & State

MIAMI, FL

Zip

33139

Country

U.S.A.

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida

3/7/00

5. FEI Number

13-3170327

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee,

State
FL

Zip Code
32301

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

Cynthia L. Harris

**Cynthia L. Harris
as its agent**

Date

3/28/05

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
D	SIMON COOPER	P.O. BOX N4599 WEST BAY ST, NASSAU, BAHAMAS	
P	CHARLES STOCKTON	1330 OCEAN DRIVE	MIAMI, FL 33139
D/T/S	MEG FRIEDMAN	76 NINTH AVENUE	NEW YORK, NY 10011
			100050265041 04/11/05--01002--004 **621.25
			100050265041 04/11/05--01002--005 **437.50

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:

Meg Fried

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/18/05

Daytime Phone #

CR2E081 (01/04)