

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000001361**

1. Corporation Name

**ELF TRADING, INC.**

Principal Place of Business

5847 SAN FELIPE, STE. 2100  
HOUSTON TX 77057

Mailing Address

5847 SAN FELIPE, STE. 2100  
HOUSTON TX 77057

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

98



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida		03/17/1994
5. FEI Number	74-2207002	Applied For
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Not Applicable
\$8.75 Additional Fee required for a Certificate of Status		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<del>EVP</del>	PARADISE, GARY	5847 SAN FELIPE, SUITE 2100	HOUSTON TX
<del>TSS</del>	<del>GILBERT, ROBERT</del>	<del>5847 SAN FELIPE, SUITE 2100</del>	<del>HOUSTON TX</del>
D	CHANOINE, DIDIER	92078 PARIS, LA DEFENSE, TOUR EL	FRANCE
<del>EVP</del>	<del>DE-LASSUS, ROBERT</del>	<del>13311 CONIFER</del>	<del>HOUSTON TX</del>
AT	HENNESSY, JOHN	280 PARK AVENUE 36TH FLOOR	NEW YORK NY
C	DE COMBRET, BERNARD	92078 PARIS, LA DEFENSE, TOUR EL	CEDEX 45

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

900002715349--4

-12/18/98--01008--006

\*\*\*750.00 State \*\*\*750.00 Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

**PETER F. SOUZA**  
**ASSISTANT SECRETARY**  
REGISTERED AGENT MUST SIGN

Date 12/25/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 filling 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:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GARY F. PARADISE**

12-1-98 713-953-8000  
Date Daytime Phone #

CR25040 (9/98)