PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS F97000006122 DOCUMENT # 98 OEC 17 AMII: 07 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA ACTRADE CAPITAL INC. Principal Place of Business Mailing Address 6700 N. ANDREWS AVE., STE. 101 6700 N. ANDREWS AVE., STE. 101 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 7 PEAP PLAZA 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 11/19/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. - 422 Applied For 5. FEI Number City & State City & State 13-3614588 Not Applicable Country Country CERTIFICATE OF STATUS DESIRED 000 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zir **CEO** AHARONI, AMOS 2373 BROADWAY **NEW YORK NY 33309** C00 STONKUS, ALEXANDER C 27 CRESTVIEW DR. KENDALL PARK NJ 08824 S MELNIK, ELIZABETH 23 CEDAR ST. KINGS PARK NY 11754 300002720623---300002720623---****758.75 ****758.75 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number Is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. PLANTATION FL 33324 Zip Code of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered agent CATOURED Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes 🔼 No Intangible Personal Property tax due June 30. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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212-563-103