PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. F.D.

	ATES				
REWITTEL WAS		12 was	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State		02 JUN -3 PM 2:21
			DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA
	UMEN	I <b>T</b> # K57684			
1. Corpo	oration Name	Trading, Inc.		:	
•	n				
<b>*</b>					
	pal Office Add		3. Mailing Office Address		000005766160 -06/13/0201079003
3405 N W 115 Avenue			3405 N W 115 Avenue		-96/13/92-910/9-993 ****300.00 ****300.0
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.		
City & Star	te		City & State		4. Date Incorporated or Qualified To Do Business in Florida 01/09/1989
Miami, Florida			Miami, Florida		5. FEI Number Applied For
Zip 33	178	Country Miami-Dade	Zip	Country	65-0093788 Not Applicable
	. 70	Mi ani -Dade	33178	Miami,-Dade	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
	Name		7. Name a	nd Address of Current Registe	ered Agent
	Suresh Khilmani				20125-AP
	Street Add	dress (P.O. Box Number is No 3405 N W 115 Av	it Acceptable) /enue	10 02 -00 no 4	
	Suite, Apt.	·			DA 31
	City		<del></del>		88:15 - ARSIRA
		Miami			State   Zip Code
I, being	appointed the	e registered agent of the above	e named corporation,	am familiar with and accept the o	obligations of section 607.0505 or 617.0503, F.S.
ignature o legistered	f Agent 🙏	such whi	<u>~`</u>		Date 5/25/0 3
. Names	and Street Ad		SISTERED AGENT MI		300 2   10   2
Titles	es and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations mu  Name of Street Addre			Street Address of Each	
7D	Sures	Officers and/or Directors	340	Officer and/or Director	r City / State / Zip
				- Avenue	Miami, Fl 33178
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owed by	the corporation pplication is to	on have been paid and the namuse and accurate, and my signate and accurate.	nes of individuals listed ature shall have the sa	on this form do not qualify for arme legal effect as if made under	rovided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees in exemption under section 119.07(3)(i), F.S. The information indicated oath.
		NATURE AND TYPED OR PRINTE	D NAME OF SIGNING O	FFICER OR DIRECTOR	Date Daytime Phone #

## ACKERMAN & NEWMAN, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

7328 SOUTHWEST 48TH STREET \* MIAMI, FLORIDA 33155 PHONE: 305 663-0055 \* FAX: 305 661-4002

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

STEVEN M. ACKERMAN NATHAN NEWMAN

May 29, 2002

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

RE: WH Trading, Inc K57684

Gentlemen:

Enclosed is the reinstatement form for my client WH Trading, Inc.

For some reason their address was erroneously changed to 155 Avenue. Their correct address was 3405 N W 115 Avenue. Therefore they never received either the 2001 or 2002 uniform Business Form and did not file them.

Since they never received the forms on time they did not file them. We therefore would request that you abate the late filing penalty and reinstatement fee as they had previously always filed their forms on time. We have prepared the reinstatement form and have enclosed a check for \$ 300.00 covering the two years that they owe: We will endeavor to make sure that this problem does not recur.

Thank you for your consideration of this request and please make sure their address is corrected on your records. Their correct address is:

W H Trading, Inc 3405 N W 115 Avenue Miami, Florida 33178

Sincerely, Ackerman & Newman, P A

Sto Mach cay

Steven M. Ackerman, C.P.A.