

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. #1412.00

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L19118

1. Corporation Name

ELLEN TRADING, INC.

FILED
97 JUL 24 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 520 Brickell Key Dr. Suite 0-305 Miami, FL 33131	Mailing Address 520 Brickell Key Dr. Suite 0-305 Miami, Florida 33131
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 13-3572649	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 93-97

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres. Dir.	Eduardo Neuman	520 Brickell Key Dr. #0-305	Miami, Florida 33131
Sec.	Stephen A. Freeman	520 Brickell Key Dr. #0-305	Miami, Florida 33131

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-07/30/97--01052--001
***1410.00 ***1410.00

8. Name and Address of Current Registered Agent

Richard S. Lehman
2600 N. Military Trail, #270
Boca Raton, FL 33431

9. Name and Address of New Registered Agent

Name
Stephen A. Freeman, Esq.
Street Address (P.O. Box Number is Not Acceptable)
520 Brickell Key Dr. #0-305
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33131

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7-22-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Eduardo Neuman

Date 7-22-97 (305) 374-3800
Daytime Phone #

CR2E040 (12/96)