

89 MAR 27 1997 3:57PM

COHEN, CHASE & HOFFMAN

APPROVED

AND 273

P-28

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam

Secretary of State

DIVISION OF CORPORATIONS

1997 MAR 28 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SCC

DOCUMENT # **M96587**

1. Corporation Name

Active Trading Corp.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

13175 Calusa Lane

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

9400 E. Calusa Club Drive

Suite, Apt. #, etc.

4. Date incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0105217

Applied For

Not Applicable

City & State

OPA Loda Florida

City & State

Miami Florida

Zip

33054

Country

USA

Zip

33186

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

2075 (only to be used for a Certificate of Status)

7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
D, P, S	Silvio Haas	9400 E. Calusa Club Drive	Miami Florida 33186

REINSTATEMENT

96-97

3-28-97

8. Name and Address of Current Registered Agent

Silvio Haas

9400 E. Calusa Club Drive

Miami, Florida 33186

9. Name and Address of New Registered Agent

Name

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

9400 E. Calusa Club Drive

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0605, F.S.

Signature of
Registered Agent

Silvio Haas

REGISTERED AGENT MUST SIGN

Date **3/27/97**

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 807 or 817, 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 807.0401 or 817.0401, 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)(c), 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:

Silvio Haas **Silvio Haas**
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR

3/27/97

Date

(305) 386-2896
Daytime Phone

H970000051536

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NO. 276 P.1/2

(2)

3/27/97

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
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3:43 PM

((H97000005153 6))

TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: COHEN, CHASE, HOFFMAN & TRAUTMAN, P.A.
CONTACT: MARY W KURLANSIK
PHONE: (305)670-0201

ACCT#: 102450002676

FAX #: (305)670-6152

NAME: ACTIVE TRADING CORP.

AUDIT NUMBER.....H97000005153

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..0

PAGES..... 1

CERT. COPIES.....0

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