

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 23 AM 10:37
TALLAHASSEE, FLORIDA

DOCUMENT # P00000005650

1. Corporation Name

MBA TRADING, INC

2. Principal Office Address

8420 ULMERTON RD

Suite, Apt. #, etc.

SUITE 400

City & State

LARGO, FLORIDA

Zip

33771

Country

USA

3. Mailing Office Address

PO Box 4212

Suite, Apt. #, etc.

City & State

SEMINOLE FL

Zip

33775

Country

USA

000030902890

03/23/04--01026--017 **500.00

4. Date Incorporated or Qualified
To Do Business in Florida

01-10-2000

5. FEI Number

59-3621065

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MATS BENGTSON

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

10975 96th STREET NORTH

Suite, Apt. #, Etc.

City

LARGO

State

FL

Zip Code

33773

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/16/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MATS BENGTSON	10975 96th Street N	LARGO FL 33773
D	BERNA A BENGTSON	10975 96th Street N	LARGO FL 33773

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04

Date

727 536 4449

Daytime Phone #

CR2E081 (01/04)



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P O Box 4212, Seminole, Florida 33775-4212 Tel: (727) 536-4449 E-mail: mats@nordicap.com

March 15, 2003

Florida Department of State
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Reinstatement MBA Trading Inc.

This morning we contacted your office by phone and spoke to a person named Mr. Justin, regarding the need to reinstate our corporation, which evidently was arbitrarily resolved in spite of the fact that the state of Florida has collected Sales Tax since 2001. The supposed yearly forms that we were supposed to receive for the missing report, never arrived, so we were not aware of this procedure.

As per the specific instructions given by Mr. Justin, we are enclosing the Corporation Reinstatement form as downloaded from your web site and a check for \$600.00 covering the filing fee for 2001, 2002, 2003 and 2004.

For our files we request a return letter confirming the reception of this letter and the payment.

Thank you in advance

A handwritten signature in black ink, appearing to read "Mats Bengtson", with a stylized flourish at the end.

Mats Bengtson

Encl. Check # 1987, Form.