

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 8:39

SECRETARY OF STATE
TAL 2000009641872
12/23/02--01073--004 **158.50



DOCUMENT # **P00000006200**

1. Corporation Name
AGGRESSIVE TRADING, INC.

Principal Place of Business
**2209 S. WATERMAN DR.
VALRICO FL 33594**

Mailing Address
**2209 S. WATERMAN DR.
VALRICO FL 33594**

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 01/11/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0991485	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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	4 City / State / Zip
PTSD	FRY, JR., NORMAN H	2209 S WATERMAN DR	VALRICO FL 33594

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GANTHER, JAMES S GANTHER & FEE, P.A. 101 E. KENNEDY BLVD., STE. 1030 TAMPA FL 33602		Name JAMES S. GANTHER Street Address (P.O. Box Number is Not Acceptable) 238 E. DAVIS BLVD. Suite, Apt. #, Etc. SUITE 309 City TAMPA State FL Zip Code 33606	

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. or 617.0505, F.S.

Signature of Registered Agent *James S. Ganther* **SIGNATURE REQUIRED** Date **11/11/02**
REGISTERED AGENT MUST SIGN

11. 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: *Norman H. Fy, Jr.* **SIGNATURE REQUIRED** **12-17-02** **813-689-4596**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)

12-17-02 Page 2 of 2

DEAR SIR,

I DID NOT RECEIVE THE PREVIOUS 2 MAILINGS AND WAS CONSIDERING DROPPING THIS CORPORATE NAME SINCE IT IS TAKEN AS AN INTERNET NAME. MY ATTORNEY SUGGESTED I DROP THE NAME AND PICK ANOTHER THAT WOULD ALLOW INTERNET ACCESS. I HAVE DECIDED TO REINSTATE THE NAME AND DECIDE WHAT TO DO NEXT YEAR. THE REGISTERED AGENT HAS SIGNED THE FORM (WHO IS ALSO MY ATTORNEY) AND I AM ENCLOSING THE \$150⁰⁰ FEE. I AM ALSO ENCLOSING \$8.50 FOR A CERTIFICATE OF STATUS.

THANK YOU,

Norman H. Sky, Jr.