


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000000 97612
651059450 P0000000 97612

1. Corporation Name
ALPHA TRADERS USA, INC.

FILED
05 APR 25 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address
6001 NW 7 Ave.

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33127

Country
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 10-17-2000

5. FEI Number
65-1059450

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name
TERRY V. PERCY

Street Address (P.O. Box Number is Not Acceptable)
11580 SW 125 ST

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33176

600054217598
05/10/05 01000 025 **1150.00

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 _____

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
<u>P</u>	<u>TERRY V. PERCY</u>	<u>11580 SW 125 ST</u>	<u>Miami, FL 33176</u>

07514

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: TVP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-14-05

Daytime Phone # 305-751-1592

CR2E001 (01/05)