

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
04 JUL -1 AM 3:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

W0400007127

DOCUMENT # P01000001919

1. Corporation Name

TRADEDIRECT USA, INC.

2. Principal Office Address

2055 Wood St.

3. Mailing Office Address

Suite, Apt. #, etc.

Ste. 102

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Zip

34237

Country

Sarasota

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3697402

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

Richard L. Barrett

Street Address (P.O. Box Number is Not Acceptable)  
2055 Wood St.

Suite, Apt. #, Etc.  
102

City  
Sarasota

State  
FL

Zip Code  
34237

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

Date 4/27/2004

REGISTERED AGENT MUST SIGN

**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
c/d/p	Donald W. Edwards	2055 Wood St.,	Sarasota, FL 34237
v/d	Richard L. Barrett	2055 Wood St.,	Sarasota, FL 34237

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

Date

Daytime Phone #

CR2001 (01/04)

PS 292

**Richard L. Barrett**  
**3012 Sabal Road**  
**Tampa, Florida 33618**


**813-928-3335**

***rbarret6@tampabay.rr.com***

Dear Friends,

I have included the \$1050 reinstatement fee but was not certain if that also covered 2004. Accordingly, I added a check for \$150 should that be needed for this year. If it does not, please return in the envelope provided.

Best Regards,



Richard L. Barrett  
Registered Agent