

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

03 MAR -4 PM 2:27

DOCUMENT # P01000045266

1. Corporation Name

Adventure Traders, Inc.

2. Principal Office Address

1800 Old Okeechobee Rd

Suite, Apt. #, etc.

Suite 200

City & State

West Palm Beach, FL

Zip

33409

Country

US

3. Mailing Office Address

1800 Old Okeechobee Rd

Suite, Apt. #, etc.

Suite 200

City & State

W. Palm Bch, FL

Zip

33409

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

5/01

5. FEI Number

65-1152517

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

Philip L. Valente, Jr.

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

1800 Old Okeechobee Rd

Suite, Apt. #, Etc.

Suite 200

City

West Palm Beach

State

FL

Zip Code

33409

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

*[Signature]*

Date

2/27/02

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
DPS	James E. Crawley	1800 Old Okeechobee Rd #200	W. Palm Beach, FL 33409
VD	Philip L. Valente, Jr.	1800 Old Okeechobee Rd #200	W. Palm Beach, FL 33409

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]* Philip L. Valente Jr Vice President 2/27/02 (501) 615-16200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (10/02)

**ADVENTURE TRADERS, INC.**

**1800 Old Okeechobee Road, Suite 200**

**West Palm Beach, FL 33409**

**(561) 615-6200**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: REINSTATEMENT OF ADVENTURE TRADERS, INC.

Dear Sir/Madam:

Enclosed is our application for Reinstatement for Adventure Traders, Inc. along with our check in the amount of \$300.00 representing the corporate filing fee for 2002 and 2003. The address was incorrect and we did not receive the filing documents for 2002. We also did not receive anything for 2003. We would ask that you please waive any penalties since this information was not received by us.

Thank you for your assistance in this matter.

Very truly yours,



Philip L. Valente, Jr.

PLV/dcb  
Encls.