

3/3/04 01027 014 *150.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 11 AM 8:00

DOCUMENT # PO1000072981

1. Corporation Name

Houlihan Trading Co., Inc.

REINSTATEMENT 02-04

2. Principal Office Address

4401 Gulf Shore Blvd.

3. Mailing Office Address

111 Hilltown Village Ctr. Dr.

Suite, Apt. #, etc.

1601

Suite, Apt. #, etc.

213

City & State

Naples, Florida

City & State

Chesterfield, MO

Zip

34103

Country

USA

Zip

63017

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
36-4459151

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

Eugene Fahey

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

4401 Gulf Shore Blvd.

Suite, Apt. #, Etc.

Unit 1601

City

Naples

State
FL

Zip Code
34103

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

Eugene G. Fahey
REGISTERED AGENT MUST SIGN

Date 3/10/04

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
Preside	Nora Fahey	4401 Gulf Shore Blvd. Unit 1601	Naples, FL 34103

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:

Nora Fahey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-10-04

Daytime Phone #

636-537
4621

CR2E081 (01/04)