

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB -2 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P01000083818

**1. Corporation Name**

HOT WAX TRADING, INC.

**REINSTATEMENT** 03-04

**2. Principal Office Address**

1409 E. 7th ave

Suite, Apt. #, etc.

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

**City & State**

Ybor City, FL

**City & State**

**Zip**

33605

**Country**

USA

**Zip**

**Country**

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

ASAP

**5. FEI Number**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

500028060295  
02/02/04--01095--017 \*\*300.00

**7. Name and Address of Current Registered Agent**

**Name**

Nathan R. Seebeck

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

7501 Ulmerton RD

**Suite, Apt. #, Etc.**

Suite #1516

**City**

Largo

State  
**FL**

Zip Code  
**33771**

**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 **1/26/2004**

**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
Pres	Noah David Greene	1409 East 7th Ave	Ybor City, FL 33605

**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:

N Greene Noah Green

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04  
Date

813 248-6999  
Daytime Phone #

CR2E081 (10/02)

Florida Department of State  
Department of Corporations  
Corporate filings  
Attn: Reinstatement Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Noah D. Greene DBA  
Hot Wax Trading, INC.  
1409 E. 7th Ave  
Ybor City, FL 33605

To whom this may concern,

My name is Noah Greene I am the Sole Proprietor of Hotwax Trading, INC. apparently my corporation was dissolved by the State of Florida in September 2003. Unfortunately, I did not receive any notification of this. I would never want to jeopardize my corporation name and business in the state of Florida. Recently, Hot Wax has moved locations and we have had many problems with the mail service even though I filed a change of address with the US Postal Service.

I really appreciate your cooperation, I am trying to buy a new store and this came to my attention when a corporation background check was run.

Sincerely,

 1/26/04

Noah Greene  
Hot Wax Trading, INC.