PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P01000097794

1. Corporation Name

URBAN TRADERS, INC.

Principal Place of Business

Mailing Address

518 WESTSHORE PLAZA TAMPA FL 33609

SIGNATURE:

518 WESTSHORE PLAZA

TAMPA FL 33609

on this application is true and accurate, and my signature shall have the same legal effect as if made inder oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFISER OR DIRECTOR





If ahove a	and year are incorrect in any way. line three	suah incorrect i	nformation a	and enter co	rrection pelow	ATEN	TEMENT	8		
If above addresses are incorrect in any way, line through incorrect information and enter correction paper. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 1941 BRUCE B DOWN BLVD							Date Incorporated or Qualified To Do Business in Florida 10/05/2001			
Suite, Apt. #, etc. Suite, Apt. #,						5. FEI Numbe			Applied For	
City & State City & State			0. 6.				E0-37/0260		Not Applicable	
Zip Country Zip		Country 6.				OF STATUS DESIDED.		ional Fee required		
<u> 2563 458 3368 3</u>						CERTIFICATE OF STATUS DESIRED tor a Certificate of Status				
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s) 1	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip				
PTD	ELQADAH, AHMED W		518 WESTSHORE PLAZA			TAMPA FL 33609				
٧	LONG, CHRISTINE M		518 WESTSHORE PLAZA			TAMPA FL 33609				
.s	LONG, YEHIA A	5 18 WESTSHORE PLAZA			TAMPA FL 33609 —					
				3C 11/14			00024713703 /0301075014 **150.00			
8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent				
ELQADAH, AHMED W 18107 PEREGRINES PERCH PLACE#307 LUTZ FL 33549				Street Address (P.O. Box Number is Not Acceptable) 14941-Bruce B. Downs blve Suite, Apt. #, Etc. City State Zip Code				de		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent Date 10/14/83										
11. 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 filling 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 could by the corporation have been eliminated on this form that the corporation have been eliminated.										

URBAN TRADERS, INC. 14941 BRUCE B DOWN BLVD TAMPA, FL 33613

November 12, 2003

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

Dear Sir/ Madam:

Please find attached the application for reinstatement along with a check for \$150.00 representing annual renewal fees for 2003. We are requesting your reconsideration of the amount charged for reinstatement of the corporation. We only realized that the corporation has been administratively dissolved when we received your notice and realized the issue after our accountant explained it. We did not receive any correspondence from DOS before nor had we any knowledge about the requirement that the report should be renewed annually.

Please accept our check as a settlement for the reinstatement. As a small corporation, the reinstatement amount required will impose hardship on our operation.

If you have any question, please call me at (813) 977-8646

Your immediate attention will be greatly appreciated.

Sincerely,

Ahmed ELQadah President