

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
in and with
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC -2 AM 8:01

DOCUMENT # P01000100084

1. Corporation Name

ETRADINGPARTNER.COM, INC.

Principal Place of Business

1125 HIWAY A1A
UNIT # 506
SATELLITE BEACH FL 32937

Mailing Address

1125 HIWAY A1A
UNIT # 506
SATELLITE BEACH FL 32937

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/2001

5. FEI Number

65-1145718

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	SAMUEL J. VANDERBILT	1125 HIWAY A1A #506	SATELLITE BEACH, FL 32937

000009239950

11/27/02--01051--018 **150.00

8. Name and Address of Current Registered Agent

VANDERBILT, SAMUEL J
1125 HIWAY A1A
UNIT # 506
SATELLITE BEACH FL 32937

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/15/02

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL J. VANDERBILT

Date

11/15/02

Daytime Phone # 777 3772

CR2E040 (8/02)

eTradingPartner.com, Inc

1125 Highway A1A, Satellite Beach, FL 32937
(321)777-8770

11/15/02

SUBJECT: Waiver of Reinstatement Fee

TO: Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Request the reinstatement fee be waved because I did not receive the two prior uniform business report notices. In fact all our mail was returned to the sender including our bank statements.

Attached is the completed application for reinstatement and a check for the filling fee in the amount of \$150.00

Thank you



SAMUEL J. VANDERBILT
1-877-523-4860