

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 10:56

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000006746 1. Corporation Name VIRTUAL TRADING GROUP, INC.			
2. Principal Office Address 4501 MANATEE AVE W Suite, Apt. #, etc. STE 307 City & State BRADENTON, FL Zip 34209-3952		3. Mailing Office Address 4501 MANATEE AVE W Suite, Apt. #, etc. STE 307 City & State BRADENTON, FL Zip 34209-3952	
		4. Date Incorporated or Qualified To Do Business in Florida 01/22/2002 5. FEI Number 04 3589529 ☒ Applied For ☐ Not Applicable 6. CERTIFICATE OF STATUS DESIRED ☐	
7. Name and Address of Current Registered Agent Name THOMAS H CZERWINSKI Street Address (P.O. Box Number is Not Acceptable) 4501 MANATEE AVE W Suite, Apt. #, Etc. STE 307 City BRADENTON State FL Zip Code 34209-3952			
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 <i>THOMAS H CZERWINSKI</i> THOMAS H CZERWINSKI Date 12-14-2004 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	THOMAS H CZERWINSKI	4501 MANATEE AVE W STE 307	BRADENTON, FL 34209-3952
			400043814104
			01/03/05--01052--020 **300.00
			400043814104
			03/10/05--01002--006 **158.75
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)(b), 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: <i>THOMAS H CZERWINSKI</i>		THOMAS H CZERWINSKI	12-14-2004 941 730 9455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CREDA (8/01)

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DATE: 12-14-2004

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

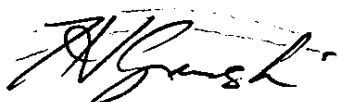
FROM: VIRTUAL TRADING GROUP, INC.
THOMAS H CZERWINSKI

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALT

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 941 730 9455

THANKS



VIRTUAL TRADING GROUP, INC.
THOMAS H CZERWINSKI