

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000039518 1. Entity Name OM TRADERS, INC.						FILED 06 DEC 12 5:01 SEC. TALLAHASSEE	
Principal Place of Business 4796 N HWY 17 DLEON SPRINGS, FL 32130				Mailing Address 925 WALDEN CHASE LN COLUMBUS, GA 31909			
2. Principal Place of Business		3. Mailing Address		 REINSTATEMENT 2006 10312006 REIN-P CH2ED98 11/05			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 01-0662123				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHAH, SANGITA 4796 H HWY 17 DELEON SPRINGS, FL 32130				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(h), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ☐ Delete DHRUV, HEMA 925 WALDEN CHASE LN COLUMBUS, GA 31909			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300082407123 12/08/06--01061--004 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Hema A. Dhrum</i> HEMA A. DHRUV				12/05/06 7066629213 Date Daytime Phone #			