

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000087179

1. Entity Name
PRESCOTT FOREX TRADING GROUP, INC.



FILED

04 DEC -8 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1700 NW 64 STREET
SUITE 100A
FORT LAUDERDALE, FL 33309

Mailing Address
1700 NW 64 STREET
SUITE 100A
FORT LAUDERDALE, FL 33309

2. Principal Place of Business
676 W. Prospect Rd
Suite, Apt. #, etc.
FORT LAUDERDALE FL
City & State
33309

3. Mailing Address
676 W. Prospect Rd
Suite, Apt. #, etc.
FORT LAUDERDALE FL
City & State
33309



12062004 REIN-P CR2E098 (6/04)

4. FEI Number 55-0818787
APPLIED FOR ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

Zip Country
33309 BROWARD

6. Name and Address of Current Registered Agent

JOHN D' ONOFRIO
1700 NW 64 STREET SUITE 100A
FORT LAUDERDALE, FL 33309

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME D'ONOFRIO, JOHN
STREET ADDRESS 1700 NW 64 STREET, SUITE 100A
CITY-ST-ZIP FORT LAUDERDALE, FL 33309 ☐ Delete

TITLE VSTD
NAME BAUGH, GARY
STREET ADDRESS 1700 NW 64 STREET, SUITE 100A
CITY-ST-ZIP FORT LAUDERDALE, FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/6/04 854-566-8913