

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -8 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000112875**

1. Corporation Name

NEW ACTION TRADING CORP.

2. Principal Office Address

4040 NE 3 AVE

3. Mailing Office Address

4040 NE 3 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33064

Country

US

Zip

33064

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/02

5. FEI Number

52-2383782

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANA C GONCALVES

Street Address (P.O. Box Number is Not Acceptable)
4040 NE 3 AVE

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33064

100046301851
02/21/05--01010--017 **1050 00

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

Ana C Goncalves
REGISTERED AGENT MUST SIGN

Date

102/03/2005

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PAULO S GONCALVES	4040 NE 3 AVE	POMPANO BEACH, FL 33064
VP	ANA C GONCALVES	4040 NE 3 AVE	POMPANO BEACH, FL 33064

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)(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:

Ana C Goncalves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

102/03/05 (954) 7817588
Date Daytime Phone #

CR2E081 (01/05)