

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB -7 PM 1:20

SECRET
TALLAHASSEE, FL 32301

DOCUMENT # **P03000024952**

1. Corporation Name

TRADE POST, INC.

2. Principal Office Address

6201 NW 24th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

11800 SW 26 CT

Suite, Apt. #, etc.

City & State

MIAMI, FLA

City & State

Fort Lauderdale, FL

Zip

33147

Country

DADE

Zip

33330

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

3/3/2003

5. FEI Number

320064503

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

NASRY MAHMOUD

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

11800 SW 26 CT

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33330

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

Nasry Mahmoud

Date

2/2/6

REGISTERED AGENT MUST SIGN

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	NASRY MAHMOUD	11800 SW 26 COURT	Fort Lauderdale, FL 33330

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 contained in Chapter 119, 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:

Nasry Mahmoud
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/2/6

Daytime Phone #

TRADE POST, INC.

11800 S.W. 26CT
FORT LUADERDALE, FLA 3330

February 3, 2006

DEPT OF STATE

Division of Corporations

P.O BOX 6327

Tallahassee, Fl 32301

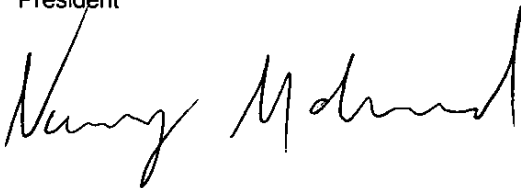
Dear Sir or Madam:

This letter is serving as a notice to inform that Trade Post, INC. did not receive the annual report notices for 2004, and we are requesting that the reinstatement fee be waived please.

Sincerely,

Nasry Mahmoud

President

A handwritten signature in cursive script, appearing to read "Nasry Mahmoud", written in black ink.