# PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 10 PM 12: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** PO3000082141

**1.** Corporation Name
ACE TRADING GROUP, INC.

REINSTATEMENT 04-05

T. Roberts NOV 1 0 2005
CR2E081 (8/05)

**2.** Principal Office Address
20725 N.E 16th Ave.

Suite, Apt. #, etc.
A15

City & State
MIAMI, FL

Zip 33179    Country USA

**3.** Mailing Office Address
20725 N.E 16th Ave.

Suite, Apt. #, etc.
A15

City & State
MIAMI, FL

Zip 33179    Country USA

**4.** Date Incorporated or Qualified To Do Business in Florida   July 28th 2003

**5.** FEI Number
41-2140945
☒ 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
ELHARAR, YAACOB C

300061448333
11/15/05--01074--011  **908.75

Street Address (P.O. Box Number is Not Acceptable)
20725 N.E 16th Ave

Suite, Apt. #, Etc.
A15

City
MIAMI   State FL   Zip Code 33179

**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 _____   Date 11/9/05
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 | YAACOB C ELHARAR | 20725 NE 16th Ave #A15 | Miami, FL, 33179 |
| | | | |
| | | | |
| | | | |
| | | | |

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/05   (786)251-9995
Date   Daytime Phone #