2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					FILED			
DOCUMENT # P04000064739					SECRETARY OF STATE DIVISION OF CORPORATIONS			
LONDON TRADERS, INC.					97 NOV 1	4 PM12: 11		
Principal Plac	e of Business	Mailing Address						
4957 RIVER GEM AVE. 4957 RIVER GEM AVE.								
WINDERMERE, FL 34786 WINDERMERE, FL 34786			6	1000000				
	10.000	Ta						
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14757 Old Thicket Trace 14757 Old Thicket			+ Twoos		BAN BIBI BBII BBII BBIA			
Suite, Apt. #, etc. Suite, Apt. #, etc.			t Trace					
City & State City & State				11062007	REIN-P	CR2E098 (1/07)	plied For	
Winter Garden, Florida Winter Garden, Flo				20-454		 -	t Applicable	
			Country	· · · · · · · · · · · · · · · · · · ·		\$8.75 Add		
34787					of Status Desired	Fee Required		
					Address of New Re	gistered Agent		
VYAS, BOGEY Vyas, Bog								
4957 RIVER GEM AVE. Street Address (ddress (P.O. Box Numb				
WINDERMERE, FL 34786 14757 01d					<u> Frace</u>			
City Winter				linter Garden		FL Zip Code 34787)	
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, 2008, 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	11.	ADDITIONS	CHANGES TO DEFIC	ERS AND DIRECTORS	E INL 11	
TITLE	Р	☐ Delete	TITLE	P	<u> </u>	☐ Change	Addition	
NAME	VYAS, BOGEY		NAME	Vyas, Bogey 14757 Old Thick	, m			
STREET ADDRESS	4957 RIVER GEM AVE.		STREET ADDRESS	Winter Garden,	FL 34787			
CHY-ST-ZIP	WINDERMERE, FL 34786		UHT-51-2P					
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CITY-ST-ZIP			CITY-ST-ZIP				1	
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME			NAME				İ	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
	- with the same in the same	17.79	CITY-ST-ZIP					
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.								
of the cor	on this report or supplemental report is poration or the receiver or trustee empo	s true and accurate and that my owered to execute this report as	signature shall ha	ave the same legal effec	t as it made under oa	th: that I am an officer i	or director	
of the cor changed,	on this report or supplemental report is poration or the receiver or trustee empty, or on an attachment with an address,	s true and accurate and that my owered to execute this report as	signature shall ha	ave the same legal effec	t as if made under oa s; and that my name	ith; that I am an officer i appears in Block 10 or	or director	
of the cor	on this report or supplemental report is proration or the receiver or trustee empire, or on an attachment with an address.	s true and accurate and that my owered to execute this report as	r signature shall ha s required by Cha Vyas	ave the same legal effec	t as it made under oa	ith; that I am an officer i appears in Block 10 or	or director	