2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000164356

1. Entity Name
FLORIDA4TRADE, INC.

FILED
06 JUN -5 PM 7:37

Principal Place of Business	Mailing Address
12128 WASHINGTON STREET PEMBROKE PINES, FL 33025	12128 WASHINGTON STREET PEMBROKE PINES, FL 33025

05262006 REIN-P CR2E098 (11/05) 05-06

2. Principal Place of Business		3. Mailing Address	
4705 45TH STREET, F4 Suite, Apt. #, etc.		4705 45TH STREET, F4 Suite, Apt. #, etc.	
City & State WOODSIDE, NY		City & State WOODSIDE, NY	
Zip 11377	Country US	Zip 11377	Country US

4. FEI Number 20-2090690 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, MARK
8964 STATE ROAD 84
DAVIE, FL 33324

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] 5/26/06
Signature, typed or printed name of registered agent and title if applicable. **(NOTE: Registered Agent signature required when reinstating)** DATE

FILE NOW!!! FEE IS $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 OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RIVERA, LUIS 12128 WASHINGTON ST PEMBROKE PINES, FL 33025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LUIS RIVERA 4705 45TH STREET, F4 WOODSIDE, NY 11377	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

200076158992
06/13/06--01046--015 **300.00

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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell JUN 12 2006