2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000164356 1. Entity Name					FILED					
FLORIDA	4TRADE, INC.				06 JUN - 5 FM 7: 37					
Principal Place of Business Mailing Address							, , ,			
12128 WASH	HINGTON STREET Pines, FL 33025	12128 WASHINGTON STREET PEMBROKE PINES, FL 33025			TALE VIACCET, FEBRUDA					
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				F4						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			05262006	REIN-P	CR2E09	8 (11/05)	05-06	
City & State	SIDE, NY	City & State WOOD SIDE	LN,		4. FEI Numbe	- 209069		No	plied For t Applicable	
Zip 1137	Country U.5 6. Name and Address of Current F	^{zi} µ 377	Country US			of Status Desired	F	8.75 Add ee Required		
	Name	7. Name and Address of New Registered Agent								
ADAMS, MARK 8964 STATE ROAD 84 DAVIE, FL 33324				Street Address (P.O. Box Number is Not Acceptable)						
			City				FL	Zip Code	e	
8 The above	named entity submits this statement for	the nurnose of changing its r	enistered office o	register	ed agent, or bot	h in the State of Flo		miliar with	and accept	
	ions of registered agent.	the purpose of energing its t	egistered office o	regiate	ea agent, or pot	ii, iii pic blate of fic	vida. Tamia	arimeat with,	and accept	
SIGNATURE	Mark almo						5/2	36/06	6	
	Signature, typed or printed name registered agent at	nd title if applicable. (NOTE:	Registered Agent sign	sture requir	ed when reinstating)		DATE			
FII	LE NOW!!! FEE IS \$300.00					In accordance v corporation did				
10.	OFFICERS AND [DIRECTORS	11.			CHANGES TO OFF			S IN 11	
TITLE NAME	PSD RIVERA, LUIS	☐ Delete	TITLE NAME	PSD		90076)	1589	Chance	☐ Addition	
STREET ADDRESS	12128 WASHINGTON ST		STREET ADDRESS	470	i Direkt	34522444	F4115	**3(II)	.00	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025		CITY-ST-ZIP		00510E	NY (137	77			
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE]	•			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY - ST - ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	Addition	
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CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	ł						
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS			NAME Street address	ł						
City-St-ZIP			CITY-ST-ZIP							
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo, or or an attachment with a patieress, w	true and accurate and that m wered to execute this report a with all other like empowered.	y signature shall has required by Ch	iave tha	eame lenai offor	t as if made under one of the standard that my name	path; that 1 an	m an officer Block 10 or	or director	
	SIGNATURE AND TYPED OR P	RINGED NAME OF SIGNING OFFICER O	OR DIRECTOR			Date	Day	ytime Phone #		