

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 27 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000011992

1. Corporation Name

ECLIPSE TRADING, CORP.

2. Principal Office Address - No P.O. Box #

15371 SW 143RD STREET

3. Mailing Office Address

15371 SW 143RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33196

Country

USA

Zip

33196

Country

USA

REINSTATEMENT 06-07
CRZE081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

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
VIDAL PORTOCARRERO

Street Address (P.O. Box Number is Not Acceptable)
15371 SW 143RD STREET

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33196

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

VIDAL PORTOCARRERO

Date **11/14/2007**

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
PTD	VIDAL PORTOCARRERO	7951 S.W. 40TH STREET, STE 206	MIAMI FL 33196
VPSD	IOLANY PASTOR	7951 S.W. 40TH STREET, STE 206	MIAMI FL 33196
P	LUIS RUEDA	15371 SW 143RD STREET	MIAMI FL 33196

J 11/29

900112600169
11/27/07--01024--007 **300.00

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:

VIDAL PORTOCARRERO

10/14/2007

786-399-9060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #