

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 30 AM 9:43

DOCUMENT # P05000019797

1. Corporation Name

EAGLE FINANCIAL TRADING CORP.

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

11283 ISLAND LAKES LANE

Suite, Apt. #, etc.

3. Mailing Office Address

11283 ISLAND LAKES LANE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33498

Country

US

Zip

33498

Country

US

400154249854

04/30/09--01007--005 **1200.00

REINSTATEMENT

06-09ks

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/2005

5. FEI Number
26-4620813

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

JOSEPH FORGIONE

Street Address (P.O. Box Number is Not Acceptable)

11283 ISLAND LAKES LANE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

☐ 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

Joseph Forgione
REGISTERED AGENT MUST SIGN

Date 3/4/09

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	JOSEPH FORGIONE	11283 ISLAND LAKES LANE	BOCA RATON FL 33498

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/09

Date

Daytime Phone #