

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000084364

1. Entity Name
GRATITUDE TRADING CORP



FILED

09 AUG 31 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3245 N.E. 184TH STREET
13206
AVENTURA, FL 33160 US

Mailing Address

3245 N.E. 184TH STREET
13206
AVENTURA, FL 33160 US

2. Principal Place of Business - No P.O. Box #

7333 CORAL WAY
Suite, Apt. #, etc.
STE 239

City & State
MIAMI FL

3. Mailing Address

7333 CORAL WAY
Suite, Apt. #, etc.
STE 239

City & State
MIAMI FL



08242009 REINSTATEMENT 08-09

4. FEI Number
41-2246512

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

6. Name and Address of Current Registered Agent

BELL, HAL A
3245 N.E. 184 TH STREET
13206
AVENTURA, FL 33160

7. Name and Address of New Registered Agent

Name
HAL A BELL
Street Address (P.O. Box Number is Not Acceptable)
7333 CORAL WAY
STE 239
City
MIAMI FL Zip Code
33155

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 *X Hal Bell*

(NOTE: Registered Agent signature required when reinstating)

8/24/09
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
BELL, HAL A
3245 N.E. 184TH STREET # 13206
AVENTURA, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
HAL A BELL
7333 CORAL WAY STE 239
MIAMI FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *X Hal Bell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/09 786-286-4890
Date Daytime Phone #