

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 DEC 29 PM 6:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12000014292

1. Corporation Name

SOLUTIONS FOR TRADING, INC

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

20423 STATE RD 7

Suite, Apt. #, etc.

413

City & State

Boca Raton FL

Zip

33498

Country

USA

3. Mailing Office Address

20423 STATE RD 7

Suite, Apt. #, etc.

413

City & State

Boca Raton FL

Zip

33498

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
02/10/2012

5. FEI Number

45-4506294

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

Jon Thau

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

20423 STATE RD 7

Suite, Apt. #, Etc.

413

City

Boca Raton

State

FL

Zip Code

33498

800293774728
12/30/16--01023--021 **750.00

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

REGISTERED AGENT MUST SIGN

Date 12/27/2016

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
Vice President	Zarah Kazmi	296 Concord rd	Weston/ MA /02493
President	Kevin Luetje	16557 Birch st	Stilwell/ KS /66085

10. E-mail Address: Kmluetje@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin Luetje

12/27/2016

581-223-8479

Date

Daytime Phone #

K. ASHTON