## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

1. Corporation Name

STOCKS & STOCKS (U.S.A.), INC.

Principal Place of Business

Mailing Address

3800 NW 32ND AVENUE MIAMI FL 33142

2951 VIRGINIA STREET MIAMI FL 33133

REINSTATEMENT 02	*

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above addres	sses are incorrect in any way, line	through incorrect information and enter correction below	w. ARFERACT THE CONTRACT OF TH	
2. New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable ,	Date Incorporated or Qualified     To Do Business in Florida 08/28/1987	
		Suite, Apt. #, etc. 3800 N.W. 32 AUE	5. FEI Number 59-2802953	Applied For
		City & State Minmi FL	35-2002333	Not Applicable
Zip	Country	Zip 33142 Country	6. S8.75 Additional Fee requir for a Certificate of Status	
7. Names and S	Street Addresses of Each Officer a	nd/or Director (Florida nonprofit corporations must list	at least 3 directors)	
	Name of Officers	Street Address of	Each	a

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDT	PORTEOUS, SIMON	2951 VINGINIA STREET 3800 N.W. 32 AUE	MIAMI FL 33142
SD	BASS, SHERRI	2051 VIRGINIA STREET 3800 N.W. 32 AUE	MIAMI FL 33142
		1.108	D <del>0S 4500453-1009068796</del>

10/24/02--01095--005

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICHARD J. LEE P.A. 2655 LE JEUNE RD. 5TH FLOOR **CORAL GABLES FL 33134** 

3800 N.W. 32 NO AUENUE Suite, Apt. #, Etc.

Name

miami

Zip Code

bove named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. 10. I, being appointed the registered agent of the

Signature of Registered Agent KE

10/22/02

REGISTERED AGENT MUST SIGN

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 filling this reinstatement application, the plason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617. F.S. I further certify that when filing this reinstatement application, the plason 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 under section 119.07(3)(i), 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.