

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P94000084888**

1. Corporation Name

**REFLEX TRADING CORPORATION**

Principal Place of Business

Mailing Address

11301 N.W. 12TH STREET  
PLANTATION FL 33323

11301 N.W. 12TH STREET  
PLANTATION FL 33323

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

11/17/1994

5. FEI Number

65-0539314

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
S	DOLAMORE, PHILLIP R	11301 NW 12 ST	PLANTATION FL
T	JO DOLAMORE, DR KAREN	11301 NW 12TH ST	PLANTATION FL

300024569593

11/10/03--01086--021 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOLAMORE, PHILLIP R  
11301 NW 12 ST  
PLANTATION FL 33323

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11/4/03

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., 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/03  
Date

Daytime Phone #

CR2E040 (7/03)

**Reflex Trading Corporation**

**11301 NW 12 Street  
Plantation, Florida 33323  
954-474-7714**

November 5, 2003

Secretary of State  
Division of Corporations  
Florida Department of State  
PO Box 6327  
Tallahassee, Florida 32314

RE Notice of Administrative Dissolution

Dear Sirs:

I have just received the enclosed notice and am promptly returning this to you. While this company has not moved during the past year, I do not have a record of ever receiving the prior notices. As you can see, this company has been an active corporation since 1997, and this has never had this happen before.

It would be appreciated if you would waive the \$600.00 late filing fee and accept the check of \$150.00 to fully reinstate this company.

Please feel free to contact me if you need any further information.

Sincerely,



Phillip Dolamore  
President