

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 28 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000057978

1. Corporation Name

FIBONACCI TRADER CORP.

000005754680--6
-06/11/02--01115--014
****308.75 ****308.75

2. Principal Office Address

1835 US 1 SOUTH

3. Mailing Office Address

1835 US 1 SOUTH

Suite, Apt. #, etc.

SUITE 352

Suite, Apt. #, etc.

SUITE 352

City & State

ST AUGUSTINE FL

City & State

ST AUGUSTINE FL

Zip

32084

Country

USA

Zip

32084

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1995

5. FEI Number

65-0632037

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

ROBERT KRAUSZ

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

1835 US 1 SOUTH SUITE 352

Suite, Apt. #, Etc.

SUITE 352

City

ST AUGUSTINE

State
FL

Zip Code

32084

8.75 - Cert
201.25 - AR
10.00 - AR ARTS
88.75 - AR SUG

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

Robert Krausz

REGISTERED AGENT MUST SIGN

Date

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
PSD	ROBERT KRAUSZ	1835 US 1 SOUTH #352	ST AUGUSTINE, FL 32084

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 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:

Robert Krausz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)