

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -8 PM 4: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000072904

1. Corporation Name

ASSOCIATED TRADING COMPANY INC

2. Principal Office Address

12136 Cobblestone Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

12136 Cobblestone Dr.

Suite, Apt. #, etc.

City & State

Hudson, FL 34667

City & State

Hudson, FL 34667

Zip

34667

Country

USA

Zip

34667

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1995

5. FEI Number

59-3330672

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

Gogi M. Ramappa

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

12136 Cobblestone Drive

Suite, Apt. #, Etc.

City

Hudson

State

FL

Zip Code

34667

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 11-12-03

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
P/S/T	Laura Weber	12136 Cobblestone Dr.	Hudson, FL 34667
D	Arathi J. Ramappa	12136 Cobblestone Dr.	Hudson, FL 34667
			12/5/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/03
Date

207/203-5474
Daytime Phone #

CR2E081 (10/02)