

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000088440**

1 Corporation Name

H&H TRADING, INC.

Principal Place of Business

720 NORTH DIXIE HIGHWAY
#704
LANTANA FL 33462

Mailing Address

720 NORTH DIXIE HIGHWAY
#704
LANTANA FL 33462

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
96 DEC 26 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 1996 MWB

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1995

5. FEI Number

?

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LAUKKANEN, EERO A	720 N. DIXIE HWY #704	LANTANA FL 33462
D	NIKKILA, HANNU	VALSKARINTIE 6	90630 OULU, FINLAND
D	SEPPANEN, HARRI	KUUSAMONTIE 646	96900 SAARENKYLA, FINLAND

000002042260--6
-12/31/96--01061--011
***375.00 ***375.00

8. Name and Address of Current Registered Agent

SCHOLIN, CHRISTIAN N
224 DATURA STREET
SUITE 1100
W PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name
CHRISTIAN N. SCHOLIN
Street Address (P.O. Box Number is Not Acceptable)
505 S. FLAGLER DRIVE
Suite, Apt. #, Etc.
SUITE 1001
City
WEST PALM BEACH
State
FL
Zip Code
33401

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/20/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Eero A. Laukkanen PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Eero A. Laukkanen

12.20.96

Date

Daytime Phone #

561-
743-8619