

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000035790

1. Corporation Name

FF TRADING COMPANY

Principal Place of Business

4625 SW 1ST WAY
 #C13
 DEERFIELD BCH FL 33441
 US

Mailing Address

1625 SW 1ST WAY
 #C13
 DEERFIELD BCH FL 33441
 US

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

2. New Principal Office Address, If Applicable

FF TRADING COMPANY

Suite, Apt. #, etc.

8807 SONOMA LAKE BLVD

City & State

BOCA RATON FL

Zip

33434

Country

USA

3. New Mailing Office Address, If Applicable

FF TRADING COMPANY

Suite, Apt. #, etc.

708 S. FEDERAL HIGHWAY

City & State

DEERFIELD BEACH, FL 33441

Zip

33441

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

04/22/1996

5. FEI Number

65-0662296

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	ROGER WEIGER	11232 CORAL KEY DR.	BOCA RATON FL
			000003035640--6
			-11/04/99--01096--002
			***758.75 ***758.75

8. Name and Address of Current Registered Agent

WEIGER, ROGER D
11232 CORAL KEY DRIVE
BOCA RATON FL 33498

9. Name and Address of New Registered Agent

Name **ROGER D. WEIGER**
 Street Address (P.O. Box Number is Not Acceptable)
8807 SONOMA LAKE BLVD
 Suite, Apt. #, Etc.
 City **BOCA RATON** State **FL** Zip Code **33434**

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

ROGER D. WEIGER
REGISTERED AGENT MUST SIGN

Date **10.25.99**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10.25.99**

Daytime Phone # **(954) 480-2688**