

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P96000073390**

1. Corporation Name

E & E Trading Co.

Principal Place of Business

Mailing Address

**868 Mellowood Avenue
Orlando, FL 32825
mailing address same as above**

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

2. New Principal Office Address, If Applicable

2449 Bastings Ave.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2449 Bastings Ave.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32833

Country

USA

Zip

32833

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

August 30, 1996

5. FEI Number

59-3398282

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Elmer Mero	868 Mellowood Ave.	Orlando, FL 32825

4000002785764-4

-02/24/99--01070--026

*****908.75 ***908.75**

8. Name and Address of Current Registered Agent

**Elmer Mero
868 Mellowood Avenue
Orlando, FL 32825**

9. Name and Address of New Registered Agent

Name

Paul Camp Lane

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

5301 Conroy Road

Suite, Apt. #, Etc.

140

City

Orlando

State

FL

Zip Code

32811

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

Paul Camp Lane

REGISTERED AGENT MUST SIGN

Date **2/12/99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elmer Mero

2/ /99 407-737-7888

Date

Daytime Phone #

CREATOR (12/98)