

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 APR 23 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200102648912
05/16/07--01040--019 **343.75

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 09/26/1996

5. FEI Number
650 702 554

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080423

1. Corporation Name

WINMAX TRADING GROUP, INC.
48 WALL STREET, 11TH FLOOR
NEW YORK, NY 10005 USA

2. Principal Office Address - No P.O. Box #

48 WALL STREET

Suite, Apt. #, etc.

11TH FLOOR

City & State

NEW YORK, NY

Zip

10005

Country

USA

3. Mailing Office Address

48 WALL STREET

Suite, Apt. #, etc.

11TH FLOOR

City & State

NEW YORK, NY

Zip

10005

Country

USA

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

4/17/07

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
PD	GERALD E. SKLAR	48 WALL STREET, 11 TH FLOOR	NEW YORK, NY 10005
VD	DAVE YOUNG	48 WALL STREET, 11 TH FLOOR	NEW YORK, NY 10005
D	ANTHONY K. MILLER	48 WALL STREET, 11 TH FLOOR	NEW YORK, NY 10005
D	ELAINE PROBER	48 WALL STREET, 11 TH FLOOR	NEW YORK, NY 10005

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 contained in Chapter 119, 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

Daytime Phone #

APRIL 9/2007 877 6833138

7C 4/26