

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000018341

1. Corporation Name

AMERITRADE GROUP CORPORATION

~~REINSTATEMENT~~ 1998-2003

2. Principal Office Address

1825 Ponce De Leon BLVD

Suite, Apt. #, etc.

262

City & State

Coral Gables, Florida

Zip

33134

Country

Miami-Dade

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1997

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

800021295368
07/03/03--01018--007 **1508.75

03 JUN 24 PM 2:35
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

JOSEPHS FRANCOIS LAFOUSE

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

113 NW 33RD STREET

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33127

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

Joseph Francois Lafouse
REGISTERED AGENT MUST SIGN

Date 06/23/2003

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
CHB	Manuel Inocente Perez Gonzalez	6500 NW 2ND STREET	MIAMI, FLORIDA 33126
PRES	Heriberto Candelario Perez Valdes	113 NW 33RD STREET	MIAMI, FLORIDA 33127
V-PRS	Miguel A. Pou Suazo	Ave 27 de Feb #359, Ens Quisquella	SANTO DOMINGO R.D.
SEC	Manuel Inocente Perez Gonzalez	6500 NW 2ND STREET	MIAMI, FLORIDA 33126
TREAS	Manuel Inocente Perez Gonzalez	6500 NW 2ND STREET	MIAMI, FLORIDA 33126

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:

Joseph Francois Lafouse 6/23/03 305 807 5448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20081 (10/02)

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

RECEIVED
03 JUN 24 AM 10 52
TALLAHASSEE, FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE FILING

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. AMERITRADE GROUP CORP
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

1st. Please file the Reinstatement
2nd. File the Amendment.
3rd. We need a Certificate of Status with the new name.
Thank you!

Examiner's Initials