
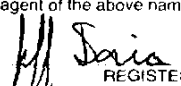
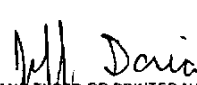


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 AUG 19 PM 2:50	
DOCUMENT # P997000037866					
1. Corporation Name Sutton Place Trading Corporation					
Principal Place of Business 17365 Bridleway Trail Boca Raton FL 33496			Mailing Address 17365 Bridleway Trail Boca Raton FL 33496		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 4285 NW 66TH Place Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 4285 NW 66TH Place Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida Apr 28 1997	
City & State Boca Raton FL		City & State Boca Raton FL		5. FEI Number 65-0748150	
Zip 33496		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1. President	Jeff Doria	4285 NW 66th Place	Boca Raton FL 33496		
2. Vice President	Lorraine Doria	17365 Bridleway Trail	Boca Raton FL 33496		
8. Name and Address of Current Registered Agent Lorraine Doria 17365 Bridleway Trail Boca Raton FL 33496			9. Name and Address of New Registered Agent Name Jeff Doria Street Address (P.O. Box Number is Not Acceptable) 4285 NW 66TH Place Suite, Apt. #, Etc. City Boca Raton State FL Zip Code 33496		
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 			Date 7-31-99		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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		
			Date 7-31-99 Daytime Phone # 561-445-0358		