PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000039177

1. Corporation Name

SIGNATURE:

EAST OCEAN TRADERS, INC.

Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12878 77TH PLACE NORTH WEST PALM BEACH FL 33412 US 12878 77TH PLACE NORTH WEST PALM BEACH FL 33412 US FILED

00 APR -3 PM 12: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA



3 /15/00 Daytime Phone #

If above ac	ddresses are incorrect in any way, line	through incorrect i	information an	d enter correction below.			,	
		3. New Mail	iling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc. Suite, Apt. City & State City & State					5. FEI Numb	5. FEI Number 65-8749985 Applied Not Applied		
Zip Country Zip		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status						
7. Names a	and Street Addresses of Each Officer a	and/or Director (Fig	orida nonprofit	corporations must list at	least 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				
PD	NGUYEN, MAN ROBERT	12878 77	12878 77TH PL. N.		W. PALM BEACH FL 33412			
VP, SéC.	NGUYEN, TRU	C 03.116-	258 8	GIT DAY C	DC1A	ROYAL PALM BE	ACH FY 33411	
						00003203 -04/11/90 ****300.00	35573 01039024 *****300.00	
			1		TEMEN	79-00	TS :	
	8. Name and Address of Curre	ent Registered Ag	gent		9. Name and	9. Name and Address of New Registered Agent		
				Name				
NGUYEN, MAN ROBERT				Street Address	Street Address (P.O. Box Number is Not Acceptable)			
WEST PALM BEACH FL 33412				Suite, Apt. #, §	Suite, Apt. #, Etc.			
				City		Sta F	te Zip Code	
10. I, being Signature of Registered i		above named corp	E RE	QUIRED		ction 607.0505, F.S. Date	100	
this rein: owed by	that I am an officer or director or the ri statement application, the reason for c y the corporation have been paid and application is true and accurate, and m	eceiver or trustee e dissolution has bee the names of indivi	empowered to en eliminated, t iduals listed or	execute this application a he corporate name satisf this form do not qualify	ies the requiremer for an exemption u	its of section 607.0401 or 617.	.0401, F.S., that all fees	