

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P 97000050474

1. Corporation Name

Trading Advisors Inc.

Principal Place of Business

and

Mailing Address

515 E. Las Olas Blvd, Suite 1160
Ft. Lauderdale, Fl. 33301

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

June 6, 1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0759786

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	Harold Goldberg	Suite 1160 515 E. Las Olas Blvd.	Ft. lauderdale, Fl. 33301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Harold Goldberg

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

515 E. Las Olas Blvd.

Suite, Apt. #, Etc.

1160

City

Ft. Lauderdale

State

FL

Zip Code

33301

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

Harold Goldberg

REGISTERED AGENT MUST SIGN

Date

10/13/99

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:

Harold Goldberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/99

Daytime Phone #

FILED

99 OCT 19 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

98-99

CR25161 (12/98)