

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000067016

1. Corporation Name

INTRADE OVERSEAS, INC.

2. Principal Office Address

1802-102 N. University Dr. SAME

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

#280
City & State

City & State

Plantation FL

Zip Country

33322 USA

Zip Country

4. Date incorporated or Qualified
To Do Business in Florida

7/07/31/1997

5. FEI Number

65-0781064

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mohinder Lal Magon

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

9617 NW 7th Cir

Suite, Apt. #, Etc.

#332

City

Plantation

State Zip Code

FL 33324

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

Date July 3, 2001

REGISTERED AGENT MUST SIGN

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
P/D	Mohinder Lal Magon	9617 NW 7th Circ #332	Plantation, FL 33324
VP/D	Anju Bala	9617 NW 7th Circ # 332	Plantation, FL 33324

REINSTATEMENT 99-01178

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)(b), 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:

(MOHINDER LAL MAGON)
PRESIDENT

DATE July 3, 2001 9545334384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #