| | PI FASE READ | ALL INSTRUCTIONS | S BEFORE C | COMPLETING THIS FORM. | | |
|--|---|--|---|--|--|--|
| APPLICATION FLORID PARTMENT OF STATE | | | | 7 | | |
| FOR andra B. Mortham | | | | FILED | | |
| DIVISION OF CORPORATIONS | | | | | | |
| DOCUMENT # P9700094716 1. Corporation Name | | | | 98 NOV 20 PM 1:31 | | |
| ISBEN TRADING, INC. | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| | | | | IALLAHASSEE. FLURIUA | | |
| · | e of Business AMPLE ROAD, #203 | Mailing Address 7667 WEST SAMPLE ROAD, #203 | |] | - | |
| CORAL SPRINGS FL 33065 | | CORAL SPRINGS FL 33065 | | | | |
| | | | | | | |
| | tresses are incorrect in any way, line thro ipal Office Address, if Applicable | ough incorrect information and enter correction below. 3. New Mailing Office Address, if Applicable | | Date Incorporated or Qualified To Do Business in Florida | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number | 03/1997 Applied For | |
| City & State | | City & State | | | Not Applicable | |
| Zip | Country | Zip Coun | try | 6. CERTIFICATE OF STATUS DESIRED (\$8.7) | 5 Additional Fee required in a Certificate of Status | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each | | | | | | |
| Title(s) | and/or Directors O | | treet Address of Each Officer and/or Director se Post Office Box No | umbers) 4 City / Sta | ite / Zip | |
| D E | BLAUSTEIN, HARRY 7667 WEST SAM | | MPLE ROAD, #203 | CORAL SPRINGS FL 330 | 65 | |
| | | | | | | |
| | | | _ | 000002699 | 5605 | |
| | | | | -12/01/9801083013 _ ****150.00 ****150.00 | | |
| | | | | 100,00 | 100.00 | |
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| | · | | TO WAY OF AR | | | |
| | | [5] | 1/24/20 | , , , , | | |
| 8. Name and Address of Current Registered Agent Name | | | | 9. Name and Address of New Registered A | gent | |
| | EIN, HARRY IST SAMPLE ROAD, #203 | | Street Address (F | P.O. Box Number is Not Acceptable) | | |
| | SPRINGS FL 33065 | | Suite, Apt. #, Etc. | Suite, Apt. #, Etc. | | |
| | | | City State Zip Code | | | |
| | ppointed the registered agent of the abo | ve named corporation, am familiar v | with and accept the ol | | 0.62 | |
| Signature of Registered Ag | rent Harry D | CONTROL SIGN | | Date R R | 78 - | |
| 11. This corporation owes or has paid 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 filling 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: HOURS OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # | | | | | | |
| Dayone Prop of Printer Investor algorithm of Priority of Director | | | | | | |

