

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 26 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P980000 14405

1. Corporation Name

ETON TRADERS  
90 DUBROW OUKER + ASSOCIATES PA

100024573481  
11/10/03--01100--023 \*\*150.00

**REINSTATEMENT** 07

2. Principal Office Address

2832 UNIVERSITY DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

Zip

33065

Country

BARBADOS

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0812291

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

DUBROW OUKER AND ASSOCIATES PA

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

2832 UNIVERSITY DRIVE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

[Signature]

Date

11/3/03

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
<u>P</u>	<u>CLINT CARTWRIGHT</u>	<u>6705 NW 77 ST</u> <u>TAMPA FL 33621</u>	

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)(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

11/3/03

Date

904-726-4244

Daytime Phone #

CR2E081 (10/02)

# DUBROW DUKER & ASSOCIATES, P.A.

**ACCOUNTANTS & FINANCIAL PLANNERS**  
2832 University Drive • Coral Springs, Florida 33065  
Telephone (954) 345-0323 • Facsimile (954) 341-9766

October 14, 2003

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Eton Traders, Inc.  
Document # P98000014405

Dear Sir:

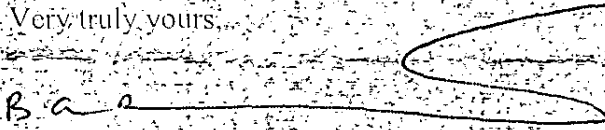
Please be advised that our clients received a notice of Administrative Dissolution or Revocation for the above referenced

Our clients were never sent the Uniform Business Report (UBR) for this entity. Please note that their mailing address is our office so we can attest to not receiving the forms.

Enclosed please find the signed application for reinstatement along with a check for \$150.00 that represents the filing fees.

We respectfully request that you accept these and waive the associated penalties.

Very truly yours,

  
B. Alan Dubrow

Cc: Eton Traders, Inc.