

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 27 AM 10:28

DOCUMENT # **P99000009559**

1. Corporation Name

BLOOMINGTON TRADING CO., INC.

2. Principal Office Address

1140 DOT DRIVE

Suite, Apt. #, etc.

-

City & State

**ALTAMONTE SPRINGS
FL**

Zip

FL 32714

Country

USA

3. Mailing Office Address

SAME.

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

AUGUST 23, 1993.

5. FEI Number

11-3093065

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

MOZAFFER ALI KHAN.

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

1140 DOT DRIVE

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State
FL

Zip Code

32714

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

M. A. Khan

Date **12-20-00**

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
PRESIDENT.	MOZAFFER ALI KHAN	1140 DOT DRIVE.	ALTAMONTE SPRINGS FL 32714.
			100003856451--3
			-03/16/01--01094--005
			****500.00 ****500.00

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:

M. A. Khan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-00

Date

407-862-4344

Daytime Phone #

CR2E001 (9/99)