

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000038523

1. Corporation Name

ITRADE NETWORKS, INC.

Principal Place of Business

60 GREENS ROAD  
HOLLYWOOD FL 33021

Mailing Address

60 GREENS ROAD  
HOLLYWOOD FL 33021

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

2. New Principal Office Address, If Applicable

3669 Poinciana Ave.

Suite, Apt. #, etc.

#3A

City & State

Coconut Grove, FL

Zip

33133

Country

U.S.A

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/28/1999

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6.

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 3	City / State / Zip 4
P	HARRIS, DAVID	3669 POINCANA AVNUE, APT 34	COCONUT GROVE FL 33133

8. Name and Address of Current Registered Agent

HARRIS, DAVID S  
3669 POINCANA AVENUE  
COCONUT GROVE FL 33133

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/25/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/25/02

Daytime Phone #

CR2EC40 (6/02)

**DAVID S. HARRIS, ESQ.**

3669 Poinciana Avenue, 3-A • Coconut Grove, Florida 33133 • Office: (305) 461-1671

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December 25, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Document # P99000038523**  
**iTrade Networks, Inc.**

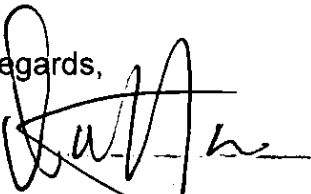
To Whom It May Concern:

I have enclosed fifty dollars (\$150.00) payable to the Florida Department of State to obtain reinstatement for the following Company:

**iTrade Networks, Inc.**  
**(Application for Reinstatement, Document # P99000038523)**

I have not received the past 2-3 notices from the Florida department of State. The previous notice regarding this company have been sent to the wrong address at 60 Greens Rd., Hollywood, FL 33021. I have not worked at this address in more than 2 years. The present address for this company is 3669 Poinciana Avenue, #3A, Coconut Grove, FL 33133. The new address is stated on the Application for Reinstatement. Thank you in advance for your assistance.

Regards,



David S. Harris, Esq.