

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 DEC 23 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000061460

1. Corporation Name

TELETRADER.NET, INC.

2. Principal Office Address

9825 HARRELL AVE.

Suite, Apt. #, etc.

SUITE 303

City & State

TREASURE ISLAND, FLORIDA

Zip

33706

Country

USA

3. Mailing Office Address

9825 HARRELL AVE.

Suite, Apt. #, etc.

SUITE 303

City & State

TREASURE ISLAND, FLORIDA

Zip

33706

Country

USA

000009677940
12/24/02--01064--011 **\$900.00

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

7/02/99

5. FEI Number

E59-3584603

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

JAMES MCARTHUR

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

9825 HARRELL AVE.

Suite, Apt. #, Etc.

#303

City

TREASURE ISLAND

State

FL

Zip Code

33706

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

REGISTERED AGENT MUST SIGN

Date 12/20/02

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
D	JAMES MCARTHUR	9825 HARRELL AVE., #303	TREASURE ISLAND, FL 33706

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:

JAMES MCARTHUR

12/20/02

(727) 399-8686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

12/30