PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FO TEMENT FILED DIVISION OF DOCUMENT # P99000082674 01 OCT 17 PM 12: 31: 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA UNITED FINANCIAL TRADING CORP. Principal Place of Business Mailing Address 3028 EAST COMMERCIAL BLVD. 2919 E. COMMERCIAL FORT LAUDERDALE FL 33308 SLITE A FORT LAUDERDALE FL 33308 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date incorporated or Qualified To Do Business in Florida ላታር ጋሪነ 09/20/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. 5100 0 5. FEI Number Applied For 65-0959058 City & State Not Applicable \$8.75 Additional Fee required Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director P ARREAZA, COSMA 5100 NORTH FEDERAL HIGHWAY, STE. FORT LAUDERDALE FL 700004649937--10/23/01--01048--005 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name. ARREAZA, COSMA Street Address (P.O. Box Number is Not Acceptable) 5100 N. FEDERAL HIGHWAY, STE. 204 Suite, Apt. #, Etc. FORT LAUDERDALE FL 33308 Zip Code City State 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. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Led tify 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 einstatement 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

Date Daytime Phone #



13292

5100 N. Federal Hwy., Suite 204 Ft. Lauderdale, FL 33308

Oct 16,201

In whom it may concern:

United Financial Inading Corp.

had changed our mailing address within

the last year and did not receive application

for vinstatement. As soon as we receive the

late notice for reinstatement, we called and

had it taken care of Inside you will find

a change of address along with a check for

vein statement. Shakyou for your understanding

Sinculy,