

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000089424

1. Corporation Name

S & E TRADING INTERNATIONAL, INC.

Principal Place of Business

9501 NORCHESTER CIRCLE  
TAMPA FL 33647

Mailing Address

9501 NORCHESTER CIRCLE  
TAMPA FL 33647

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/06/1999

5. FEI Number

59-3600709

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JOHN E. KOPSON	7300 W. CAMINO REAL #126	BOCA RATON, FL 33433

4000003533704--3

-01/11/01--01103--018  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

KOPSON, JOHN  
7300 W. CAMINO REAL, #126  
BOCA RATON FL 33433

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.

Signature of  
Registered Agent

*Signature of John E. Kopson*  
REGISTERED AGENT MUST SIGN

Date

12/6/00

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 of John E. Kopson* JOHN E. KOPSON 12/6/00 (561)3915259.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
01 JAN -2 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR2E040 (9/00)