

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000095599**

1. Corporation Name

EMINIDAYTRADING, INC.

Principal Place of Business

Mailing Address

PO BOX 1519
TALLEVEST FL 34270-1519

PO BOX 1519
TALLEVEST FL 34270-1519

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

10/25/1999

5. FEI Number

65-0961871

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
P	BARKER, MERCEDES	6891 W COUNTRY CLUB LN	SARASOTA FL 34243
VP	DEBUCK, XAVIER	5164 W SHORES LN 206	BOISE ID 83703

800024508748
11/07/03--01052--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PERRON, ANDRE R ESQ.
OZARK & PERRON, P.A.
2808 MANATEE AVE. WEST
BRADENTON FL 34205

Name

MERCEDES BARKER

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

6891 W. Country Club Lane

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34243

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

REGISTERED AGENT MUST SIGN

Date

10/31/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MERCEDES BARKER

Date

10/31/03

Daytime Phone #

941-351-4896

CR2E040 (7/03)



www.eminidaytrading.com
P.O. Box 1519
Tallevast, FL, 34270

October 31, 2003

Dear Sir:

I am enclosing a check for \$150.00. I'd like to request a non-penalty fee since we did not receive prior UBR notice.

Thank you.

Sincerely,

MERCEDES BARKER
PRESIDENT