

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

Handwritten signature/initials

00 DEC 28 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000104846**

1. Corporation Name

TRADELION.COM, INC.

Principal Place of Business

3936 S. SEMORAN BLVD.
SUITE 280
ORLANDO FL 32822

Mailing Address

3936 S. SEMORAN BLVD.
SUITE 280
ORLANDO FL 32822

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1999

5. FEI Number

59-3614386

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
D	MILES, EMORY B	3936 S. SEMORAN BLVD., SUITE 280	ORLANDO FL 32822

500003575915-3
-01/26/01--01026--003
***150.00 ***150.00

Handwritten signature

8. Name and Address of Current Registered Agent

MILES, EMORY B
3936 S. SEMORAN BLVD.
SUITE 280
ORLANDO FL 32822

9. Name and Address of New Registered Agent

Name 2805 E. Oak Knoll Pk Blvd
Street Address (P.O. Box Number is Not Acceptable)
Ft 430
Suite, Apt. #, Etc.
City FT. LAUDERDALE State FL Zip Code 33306

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

Emory B. Miles
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/10/00

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:

Emory B. Miles
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/00 954 563 3215
Date Daytime Phone #

CR2E040 (8/00)



10/20/20

*Do Not Detach**

TO: FL DEPT OF ST
DIV OF CORPS
APP FOR REINSTATEMENT

FOR: TRADELION.COM
2805 E. OAKLAND PARK BLVD., PMD 430
FT. LAUDERDALE, FL 33306
PH: 800.395.6421
FX: 800.395.6422

I RECEIVED YOUR "NOTICE OF ADMIN. DISS. OR REVOC." LAST WEEK, BUT NEVER RECEIVED ANY PRIOR NOTICE OR INDICATION OF NEEDING TO PAY THIS. I CONTACTED YOUR OFFICE REGARDING THIS MATTER AND THEY INSTRUCTED ME TO WRITE THIS LETTER.

PLEASE WAIVE THIS FEE AS I DID NOT RECEIVE ANY NOTIFICATION AS TO THIS REQUIREMENT (PLEASE SEE ATTACHED DOCS.) THIS MISHAP MUST HAVE BEEN RELATED TO THE CHANGE OF NAMES OF THE CORP. FROM GLOBALTRADESCAPE.COM TO TRADELION.COM (AGAIN, REF. ATTACHED DOCS.)

ENCLOSED IS A CHECK FOR \$150.00 FOR THE FEE REQUIRED.

THANKS, AND BEST REGARDS,

EMORY B. MILES
PRESIDENT
TRADELION.COM
(954) 563-3215

EBM 10/20