

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 OCT 10 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000110455**

1. Corporation Name

**INTERTRADE IMPORTS, INC.**

Principal Place of Business

4227 CLINTON AVE.  
JACKSONVILLE FL 32207

Mailing Address

4227 CLINTON AVE.  
JACKSONVILLE FL 32207

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

12/23/1999

5. FEI Number

53-6399006

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	SAVIDIS, SAVAS	4227 CLINTON AVE.	JACKSONVILLE FL 32207

800023712608  
10/10/03--01072--007 \*\*150.00

8. Name and Address of Current Registered Agent

SAVIDIS, EUNJU K  
4227 CLINTON AVE.  
JACKSONVILLE FL 32207

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

Oct 7, 2003

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]* SAVAS SAVVIDIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-7-03

Daytime Phone #

CR2E040 (7/03)



Attachment 80147462

7040 W. Palmetto Park Rd  
Boca Raton, FL 33433

888-428-6978

September 8, 2003

Florida Department Of State  
Division Of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Document # P97000011223  
2003 Uniform Business Report

Dear Sir:

Enclosed please find our 2003 Uniform Business Report for Ad-pro Marketing. We are including payment in the amount of \$150.00 for the filing fee.

This form was just received 3 weeks ago and our assumption was that the payment was due on or before 9-10-03. Please waive any late fees or penalties as we truly did not receive this in time to make a timely payment. Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Richard Deitch".

Richard Deitch