

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG -8 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S40638

1. Corporation Name

Intrade Corp.

Principal Place of Business

Mailing Address

915 Middle River Drive,
Suite 506

SAME

Fort Lauderdale, FL 33304

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3/25/91	
City & State		City & State		5. FEI Number	Applied For
Zip		Zip		650253128	Not Applicable
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P/S	Meza, Martin	14332 NW 83rd Avenue	Miami, FL 33016
T	Bustamante, Felipe Masias	14332 NW 82nd Avenue	Miami, FL 33016

8. Name and Address of Current Registered Agent

George R. Moraitis
915 Middle River Drive, Suite 506
Fort Lauderdale, FL 33304

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]

REGISTERED AGENT MUST SIGN

Date 8/6/02

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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

8/6/02 (904) 503-4163
Date Daytime Phone #

CR2E040 (1/98)

INTRADE CORP.
915 Middle River Drive, Suite 506
Fort Lauderdale, FL 33304

(954) 563-4163

August 7, 2002

Secretary of State
Division of Corporations
Reinstatement Section
409 East Gaines Street
Tallahassee, FL 32399

VIA FEDERAL EXPRESS

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****308.75 ****308.75

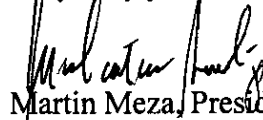
RE: Intrade Corp.
Document No. S40638

TO WHOM IT MAY CONCERN:

Enclosed herewith please find the Reinstatement Application for the captioned corporation together with a check in the amount of \$308.75 representing the filing fees and the fee to obtain a Good Standing Certificate. We would please ask that the late fees be waived for this reinstatement as the Annual Reports were not received by us. We have changed the mailing address of the corporation so as to avoid any future problems.

We thank you for your consideration in this matter.

Very truly yours,


Martin Meza, President