PLEASE READ	ALL INSTRUCT	IONS BEFORE (COMPLETING THIS FORM.	
APPLICATION FOR REINSTATEMENT	Sandra Secreta	RTMENT OF STATE B. Mortham ary of State	07 FEB 14 AM 8:41	
DOCUMENT # \$789 1. Corporation Name	022		SECRETARY CF STATE TALLAHASSEE, FLORIDA	
DUROCHER TRADING, INC				
Principal Place of Business	Mailing Address		- · ·	
c/o Glenn Wichinsky 1200 North Federal Highw Suite 200 Boca Raton, FL 33432 If above addresses are incorrect in any way. line 1	ay 1200 No Suite 2	.00	REINSTATEMENT 96-9-	
2. New Principal Office Address, If Applicable	3. New Mailing Address		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		9/10/91 5. FEI Number Applied For	
City & State	City & State		98-0120677 Not Applical	
Zip Country	Ζιρ	Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirements of State	
7. Names and Street Addresses of Each Officer an	d/or Director (Florida nonpro	fit corporations must list at lea	ast 3 directors)	
Title(s) Name of Officers and/or Directors 2	3 (D	Street Address of Each Officer and/or Director NOT Use Post Office Box N	r City / State / Zip	
D Paul Durocher	2333	Vimont	Montreal, Quebec, Canada HIV3R-1	
•			100002090561 -02/18/9701056004 ****915.00 *****915.00	
8. Name and Address of Curren	t Registered Agent		9. Name and Address of New Registered Agent	
Glenn E. Wichinsky, Esq.			enn E. Wichinsky, Esq.	
1200 North Federa		Street Address (F	Street Address (P.O. Box Number is Not Acceptable) 1200 North Federal Highway	
Suite 200 Boca Raton, Florid	da 33432	Suite, Apt. #, Etc.	Suite, Apt. #, Etc. Suite 200	
		City	ca Raton FL 33432	
10. I, being appointed the registered agent of the at	pove named corporation, am f	amiliar with and accept the of	bligations of Section 607.0505, F.S.	
Signature of Registered Agent	REGISTERED AGENT MUST	Sign	Date 2/4/97	
11. Does this corporation pay Dept. of Revenue under S	any intangible tax . 199.032, Florida	k to the a Statutes. Yes	No x (See other side for information on intangible tax.)	
lease the Division of Corporations from any liab certify that I am an officer or director or the rec this reinstatement application the reason for dir fees owed by the corporation have been paid, under oath.	ility of non-compliance with S eiver or trustee empowered to ssolution has been eliminated The information indicated on	ection 119.07(3)(k) in the eve o execute this application as d, the corporate name satisfie this application is true and a	y for the exemption stated in Section 119.07(3)(k), Florida Statutes. In ent that the information supplied is deemed exempt from public access provided for in chapter 607 or 617, F.S. I further certify that when fill es the requirements of section 607.0401 or 617.0401, F.S., and that accurate, and my signature shall have the same legal effect as if man POCHFER $J/10/47$ $J574J597-3773$	

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