## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	RIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS	7 JUN 23 PM 2: 36
DOCUMENT # 329507  1. Corporation Name		SECRED - A CARACTER - A CARACTE
The Nottingham Corp. Camended to		
be come Twenty Nottingham Corp.)		
Clo Vanderkay clo	eiling Office Address  Vandlikay	(11/10)
3426 Lakeview Blvd. 34	126 Lateriew Blrd.	Date Incorporated or Qualified     To Do Business in Flonda
Delray Beach, FL I	Deltan Beach, FL	5. FETNumber Applied For
33445 Palm Beach 33	3445 Palm Beach	6 CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Curren	nt Registered Agent	
Pobert H. Vanderk  Street Address (PO. Box Number is Not Acceptable)  3426 Lakeriew Blossuite, Apt. A. Elic.		000300596 <b>110</b> 06723/17-01022-014 +1985,00
Delray Beach	FL 33445	
8 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607 0505 or 617.0503, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN		
Names and Street Addresses of Each Officer and/or Direct	ctor (Florida nonprofit corporations must list at le	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD Judita A. Vander	kay 16 Columbia St.	Brookline, MA 02446
D Robert H. Vanderte		· ·
D Barbara V. Vandert	Kay "	, ( , , , , , , , , , , , , , , , , , ,
		JUN 2 3 70
		S. PRATHER
10. E-mail Address: Jvanderkay@gmail.com (To be used for future annual report notification)		
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that take information submitted in a document of the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.  Ture:  Daytime Phone #		