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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

14 DEC 30 PM 5:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F13000006143

1. Corporation Name

TROYMADISON CO.

2. Principal Office Address - No P.O. Box # 3200 N Ocean Boulevard 3. Mailing Office Address 3200 N Ocean Boulevard

State, Apt. #, etc Suite 508 State, Apt. #, etc Suite 508

City & State Fort Lauderdale, FL City & State Fort Lauderdale, FL

Zip Country 33308 United States Zip Country 33308 United States

4. Date Incorporated or Qualified To Do Business in Florida 12/02/2013 5. FEI Number 27-4701201 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED Yes \$9.75 Additional Fee required for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street State, Apt. #, Etc. City Tallahassee State FL Zip Code 32301

000267876480

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent Courtney Williams Date 12.30.14 REGISTERED AGENT MUST SIGN. Vice President

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Kenneth B. Crema at 193 Strathgowan Avenue, Toronto, Ontario, Canada M4N 1C4.

10. E-mail Address: kc@milestones2c2s.com (To be used for future annual report notifications)

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 false information submitted on this document to the Department of State constitutes a third degree felony as provided for in s.617.153, F.S.

SIGNATURE: Kenneth B. Crema, President 12/30/14

Handwritten signature

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ACCOUNT NO. : I20000000195
 REFERENCE : 444279 4331207
 AUTHORIZATION : *[Signature]*
 COST LIMIT : \$750.00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ORDER DATE : December 30, 2014
 ORDER TIME : 3:35 PM
 ORDER NO. : 444279-005
 CUSTOMER NO: 4331207

REINSTATEMENT

NAME: TROYMADISON CO.

RECEIVED
 DEPARTMENT OF STATE
 14 DEC 30 PM 4:21

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____