

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F07000002038**

1. Corporation Name

**TRENDWAY'S WALL STREET WARCH
Company**

100003493211--0

-12/11/00--01032--013

****750.00 ****750.00

2. Principal Office Address

15303 PEMBROKE PT

Suite, Apt. #, etc.

3. Mailing Office Address

SAF SAME

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

SAF

Zip

34110

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1/18/97

5. FEI Number

48-1105552

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DONNA MILLER

Street Address (P.O. Box Number is Not Acceptable)

15303 PEMBROKE PT

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34110

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

Donna Miller

Date

11/17/00

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	DONNA MILLER	15303 PEMBROKE PT	NAPLES, FL 34110

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10. 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:

Donna Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/2000

Daytime Phone #

941-597-5033