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
96 NOV 14 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H29062

1. Corporation Name
Trade Network International, Inc.

Principal Place of Business
7154 N. University Drive
Suite 288
Tamarac, FL 33321-2916

Mailing Address

REINSTATEMENT 05-Q4

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country
Broward

4. Date Incorporated or Qualified To Do Business in Florida
11/5/84

5. FEI Number
59-2587378

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED X

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
VD	Nathanson, Judy	7154 N. University Drive#288	Tamarac, FL 33321
PD	Nathanson, Ted	7154 N. University Drive#288	Tamarac, FL 33321
SID	Hotaling, Marie	Rt. 1 Box 283	Old Town, FL

000002006030--7
11/15/96--01072--009
***575.00 ***575.00

B1H-96

8. Name and Address of Current Registered Agent

Marie S. Hotaling
Rt. 1 Box 283
Old Town, FL 33319

9. Name and Address of New Registered Agent

Name
Certified Paralegals, Inc.

Street Address (P.O. Box Number is Not Acceptable)
101 N. State Road 7

Suite, Apt. #, etc.
Suite #5

City
Margate FL

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*****8.75

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
Jack Kaplan as Agent for Certified Paralegals, Inc.

Date 11/13/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I realize the Division of Corporations faces any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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. 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: Ted Nathanson, President 11/13/96 (954) 486-3900
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone