

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 24 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P00000088037

1. Corporation Name

RHINOTRADE, INC.

2. Principal Office Address

2934 W. LAWN AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

2934 W. LAWN AVE.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33611

Country

USA

Zip

33611

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/18/00

5. FEI Number

59-3673654

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LESLIE KIRKPATRICK

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

2934 W. LAWN AVE.

Suite, Apt. #, Etc.

City

TAMPA, FL

State

FL

Zip Code

33611

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

Date

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
P	LESLIE KIRKPATRICK	2934 W. LAWN AVE	TAMPA, FL 33611
D	GALE F. JR. KIRKPATRICK	2934 W. LAWN AVE	TAMPA, FL 33611

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED01 (10/02)

B