PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC -3 AM 10: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000112893

1. Corporation Name

TRADING SECRETS INC.

Principal Place of Business
~~820 GLEN ARDEN WAY~~
~~ALTAMONTE SPRINGS FL 32701~~

Mailing Address
~~820 GLEN ARDEN WAY~~
~~ALTAMONTE SPRINGS FL 32701~~

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

2. New Principal Office Address, If Applicable
827 Little Hampton Lane
Suite, Apt. #, etc. ~~Gotha FL 34734~~
City & State Gotha FL
Zip 34734 Country USA

3. New Mailing Office Address, If Applicable
827 Little Hampton Lane
Suite, Apt. #, etc.
City & State Gotha FL
Zip 34734 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 11/28/2001

5. FEI Number 59-3758211 Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

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 3	City / State / Zip 4
P	BOSTWICK, JOANNA M	~~820 GLEN ARDEN WAY~~ 827 Little Hampton Ln	~~ALTAMONTE SPRINGS FL 32701~~ Gotha, FL 34734
V	~~GERMAINE, JOHN A~~	~~852 DOVER ROAD~~	~~MAITLAND FL 32751~~ Gotha, FL 34734
	Germaine, Sharon	827 Little Hampton Ln	827 Little Hampton Ln
			800009023898 11/15/02--01060--017 **150.00
			800009023898 11/15/02--01060--018 **8.75

8. Name and Address of Current Registered Agent

BOSTWICK, JOANNA M
~~820 GLEN ARDEN WAY~~ 827 Little Hampton Ln
~~ALTAMONTE SPRINGS FL 32701~~ Gotha FL
34734

9. Name and Address of New Registered Agent

Name ~~Sharon Germaine~~
Street Address (P.O. Box Number is Not Acceptable) ~~852 Dover~~
Suite, Apt. #, Etc. ~~Maitland~~
City ~~Maitland~~ State ~~FL~~ Zip Code ~~32751~~

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. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date 11-10-02

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., 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 11-10-02
Daytime Phone # 407-654-5459

CR2E040 (8/02)