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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 AUG 17 AM 8:36

STATE OF FLORIDA
HALL OF JUDICIAL RECORDS

700078986157
08/22/06--01019--009 **\$600.00

| | | |
|--------------------------------------|---|--|
| CORPORATION REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|---|--|

DOCUMENT # 002000034145

1. Corporation Name

Tracia & Company, Inc.

2. Principal Office Address

4632 Shorecrest Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

4632 Shorecrest Dr

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando FL

Zip

32817

Country

USA

Zip

32817

Country

USA

REINSTATEMENT 03-06

4. Date Incorporated or Qualified
To Do Business In Florida

5. FEI Number

010646612

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

Christopher Williams

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

4632 Shorecrest Dr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32817

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 8-16-06

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 |
|--------|--------------------------------------|---|--------------------|
| VP | Tracia Williams | 4632 Shorecrest Dr | Orlando, FL 32817 |
| | | | |
| | | | |
| | | | |
| | | | |

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 contained in Chapter 119, 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

8-16-06 407-677-6929

Date

Daytime Phone #

@. Mitchell

AUG 17 2006

Tracia & Company

August 16, 2006

We did not receive our renewal notice in 2003. Please waive late fees. A check for \$600.00 is included.

Also our address has changed from what is on file. The old address was 8617 Amber Oak Ct. Orlando, FL 32817. The new one is 4632 Shorecrest Dr. Orlando, FL 32817.

If you have any questions, please do not hesitate to contact me. My cell phone number is 407-310-3941.

Thank you,



Christopher Williams