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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN -3 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000073678

11/03/03 01102 023 158-35

REINSTATEMENT 03-05

1. Corporation Name
TRACI MONTESANO INC.

2. Principal Office Address	3. Mailing Office Address
5251 NE 17th Terr Ftlaud 33334	5246 NE 6th Ave H32 Ft Laud 33334
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ftlaud Florida	City & State: Ftlaud Florida
Zip: 33334 Country: BROWARD	Zip: 33334 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 7/02

5. FEI Number: 75-307 1933 — 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: TRACI A MONTESANO

Street Address (P.O. Box Number is Not Acceptable): 5246 NE 6th Ave Ft laud

Suite, Apt. #, Etc.: H32

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City: Ft Laud — State: FL — Zip Code: 33334

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: Traci A Montesano — Date: 4/18/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
CEO PRES	TRACI A MONTESANO	5246 NE 6th Ave H32	Ftlaud FL 33334

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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: Traci A Montesano — 4/18/05 — 9542576051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/18/05

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Division of Corporations -

I am respectfully requesting exemption of late fee's on my Corporation to my knowledge after dilligent research as to why I have not received my paperwork from your office & futile attempt to reach your office by phone I believe what happened is as follows:

I Changed my personal address

Traci A Montesano
5251 NE 17th terr
Ft Laud fl 33334

to

TRACI A Montesano
5246 NE 6th AV H32
Ft Laud fl 33334

And left my Business address as

TRACI Montesano Inc.
5251 NE 17th terr
ft Laud ff 33334

the post offic claims they could not distinguish between the two and did not deliver or forward anything addressed to my 5251 NE 14th terr Address.

Thank You in advance

Traci A Montesano
CEO/President.

PS. I am Currently filing to Ammend the Name of the Corporation to Avoid this.