

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 29 PM 1:17

DOCUMENT # P050000 38291

1. Corporation Name

Elizabeth TRADING Company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

750.00

158.75 CK 1530 pd 9/24/06

591.25 enclosed

2. Principal Office Address

4800 FIRST COAST HWY

Suite, Apt. #, etc.

Suite 220

City & State

AMELIA ISLAND, FL

Zip

32034

Country

Nassau

3. Mailing Office Address

P.O. Box 494

Suite, Apt. #, etc.

1

City & State

Fernandina Beach, FL

Zip

32035

Country

Nassau

REINSTATEMENT

06-07

09/29/06 01012 002 \$158.75

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 15, 2005

5. FEI Number

20-2493450

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

CAROL Elizabeth Newton

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

145 IBIS COURT

Suite, Apt. #, Etc.

Fernandina Beach

City

State

FL

Zip Code

32034

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

CAROL Elizabeth Newton

Date

12/01/06

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
PRES.	CAROL Elizabeth Newton	145 IBIS CT.	Fernandina Beach, FL 32034

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:

CAROL Elizabeth Newton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/06

Daytime Phone #

904-321-0444