PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 DEC 11 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000072712**

1 Corporation Name

TRADE CONSULTANTS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1222 S. DALE MABRY #909 TAMPA FL 33629	1222 S. DALE MABRY #909 TAMPA FL 33629

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

2. New Principal Office Address, If Applicable
5126 U.S. HIGHWAY 19
Suite, Apt. #, etc.
NEW PORT RICHEY,
City & State
FLORIDA
Zip 34652 Country PASCO

3. New Mailing Office Address, If Applicable
SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 09/30/1994

5. FEI Number 59-3324935 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	NEWMAN, DONALD W	9905 EL CAMINO REAL	PORT RICHEY FL 34668
V	NEWMAN, LINDA G	9905 EL CAMINO REAL	PORT RICHEY FL 34668
V	BROOKS, MAX E	9925 EL CAMINO REAL	PORT RICHEY FL 34668

REINSTATEMENT 1996

12/11/96

8. Name and Address of Current Registered Agent

NEWMAN, DONALD W
9905 EL CAMINO REAL LANE
PORT RICHEY FL 34668

9. Name and Address of New Registered Agent

Name
SAME
Street Address (P.O. Box Number is Not Acceptable)
100002026831 013
-12712/96--U1018--013
****383.75 ****383.75
Suite, Apt. #, Etc.
City State FL Zip Code

CR2E040 (7/96)

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.

Signature of Registered Agent Donald W Newman REQUIRED Date 12/4/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑

(See other side for information on intangible tax.)

12. 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 the signature shall have the same legal effect as if made under oath.

Linda Newman
LINDA NEWMAN, VICE PRESIDENT

SIGNATURE: Donald W Newman REQUIRED 12/4/96 813-849-3655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DONALD NEWMAN, PRESIDENT

0077310 AP