

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 28 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P96000026592

1. Corporation Name

TRADESMART COMPANY

2. Principal Office Address - No P.O. Box #

1221 Brickell Avenue

Suite, Apt. #, etc.

Suite 909

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

1221 Brickell Avenue

Suite, Apt. #, etc.

Suite 909

City & State

Miami, Florida

Zip

33131

Country

USA

000182678800
06/28/10--01041--021 **2700.00

REINSTATEMENT 98-10
CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1996

5. FEI Number
650656436

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

Carlos Leonardo Lima-Freitas

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

1221 Brickell Avenue

Suite, Apt. #, Etc.

Suite 909

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date 06/23/2010

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
DVST	Carlos Leonardo Lima-Freitas	1221 BRICKELL AVENUE #909	MIAMI FL 33131

10. E-mail Address: office@haymanwoodward.com

(To be used for future annual report notification)

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. I further certify, 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

06/23/2010

Date

305-433-8283

Daytime Phone #