## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	TELAGE READ	ALL INOTROOT	IONO DEI ONE C	- -	VO TITIS I OTNIVI.	
CORPORATI REINSTATEM	IENT	Secretar DIVISION OF C	TMENT OF STATE y of State orporations	5 <u>0</u> 1 06/25/	04112269 2301027004	35 ₩2400.00
DOCUMENT # 79600087398						(S)
						200
1. Corporation Name				ŀ		( <del>-</del>
EA TRADING CO.						70 · · ·
						5
						<del>-</del> 1
				1		- i ·
2. Principal Office Address - No P.O. Box #		3. Mailing Office Address				·3
17029 PAULA LN		3953 NORTHDALE BLUD				<del>(</del> -
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CR2E031 (11/10)	
		Sunte 194			orated or Qualified	/
City & State		City & State		Ta Do Busin	ess in Flonda   10/23	/1996
LUTZ.				5. FEI Number		Applied For
		TAMPA, FL		59	-3405280	Not Applicable
33358	US A	33624	Country USA	6. CERTIFICATE		Additional Fee required a Certificate of Status
-	7. Name and Address of	Current Registered Ager	nt			
Name				1		
MARC S. BARHONOVICH				1		
Street Address (P.O. Box Number is Not Acceptable)						
17029 PAULA LN.						
Suite, Apt. #, Etc.						i
City LUTZ State Zip Code FL 33558						
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligat					n 607 0505 ov 617 0503 .F.S.	
					1 1	,
Signature of Registered Agent Was hori wich					Date 4/24/	23
REGISTERED AGENT MUST SIGN						
9. Names and Street A	ddresses of Each Officer and	l/or Director (Florida nonpro	ofit corporations must list at lea	ast 3 directors)		
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at let  Name of Street Address of Each  Street Address of Each  Street Address of Each  Street Address of Each				<del></del>	0.151	-
Titles Officers and/or Directors Officer and/or Directors					City / State /	ZIP
DPST MARC BARHONOVICH 17029 PAULA				M	LUTZ, FL	33558
REINSTATEMENT					(分表)	
				R. H	UNT	
					/2//	-
					(6/27	
10. E-mail Address: MARC @ BARHONOUICH. 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						
reinstalement applicate owed by the corporation	ion, the reason for dissolution on have been paid. I further d	has been eliminated, the c ertify, the information indica	orperate name satisfies the re ted on this application is true a	equirements of sect and accurate, and i	ion 607,0401 or 617,0401, F.S. my signature shall have the san gree felony as provided for in s.	., and that all fees ne legal effect as
SIGNATURE: AT LONG VICE					1/24/27	813-957-29
	SGNATURE AND T	PED OR PRINTED NAME OF	SIGNING OFFICER OR DIRECTO	DR .	Date/	Daytime Phone #