

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY -1 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004077

1. Corporation Name

RED IGUANA TRADING CO., INC.

2. Principal Office Address

162 Riverbend Drive

Suite, Apt. #, etc.

#F

City & State

Altamonte Springs FL

Zip

32714

Country

3. Mailing Office Address

980 S. LAKE STERLING CT.

Suite, Apt. #, etc.

City & State

Casselberry Florida

Zip

32707

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1999

5. FEI Number

593440533

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 And none fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas A. Sandelier III

900004274858-1

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

162 Riverbend Drive #F

05/21/01 01186-008

***908.75 ***908.75

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date MAY 1, 2001

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
P/D	THOMAS A. SANDELIER III	162 RIVERBEND DRIVE #F	Altamonte Springs, FL 32714
S/VP	AMANDA COSMOS	980 S. LAKE STERLING CT.	CASSELBERRY, FL 32707

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)(b), 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:

AMANDA COSMOS *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 1, 2001 407-695-5080

Date

Daytime Phone #

CR2001 (Rev)