


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P99000004077

1. Corporation Name

RED IGUANA TRADING CO., INC.

Principal Place of Business

Mailing Address

162 RIVERBEND DRIVE, #F
ALTAMONTE SPRINGS FL 32714

980 S. LAKE STERLING CT.
CASSELBERRY FL 32707

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

61 Berkeley St.

61 Berkeley St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Satellite Bch, FL

Satellite Bch, FL

City & State

City & State

Zip 32937 Country USA

Zip 32937 Country USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida	01/08/1999
5. FEI Number	59-3440533
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SANDELIER, THOMAS A III	162 RIVERBEND DRIVE, #F 61 Berkeley	ALTAMONTE SPRINGS FL 32714 Satellite Bch, FL 32937
SV	COSMOS, AMANDA	980 S. LAKE STERLING CT.	CASSELBERRY FL 32707

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANDELIER, THOMAS A III
162 RIVERBEND DRIVE, #F
ALTAMONTE SPRINGS FL 32714

Name

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

61 Berkeley St.

Suite, Apt. #, Etc.

Satellite Bch, FL

City

Satellite Bch

State

FL

Zip Code

32937

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

6-11-04

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Sandelier III

Date

6-11-04

Daytime Phone #