

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

00 MAR -8 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

048138

1. Corporation Name

TRAFTON, INC.

400003170474--1  
-03/15/00--01013--017  
\*\*\*1350.00 \*\*\*1350.00

2. Principal Office Address

252 Shadow Ridge Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

252 Shadow Ridge Ct

Suite, Apt. #, etc.

REINSTATEMENT

City & State

MARCO ISLAND, FL

City & State

MARCO ISLAND FL

Zip

34145

Country

COLLIER

Zip

34145

Country

COLLIER

4. Date Incorporated or Qualified To Do Business in Florida

12/13/1979

5. FEI Number

59-2001411

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

DEBRA J. TRAFTON

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

252 Shadow Ridge Ct.

Suite, Apt. #, Etc.

City

MARCO ISLAND

State

FL

Zip Code

34145

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

*Debra J. Trafton*  
REGISTERED AGENT MUST SIGN

Date

1/24/00

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	STEPHEN R. TRAFTON	252 Shadow Ridge Ct.	MARCO ISLAND FL 34145
S	DEBRA J. TRAFTON	252 Shadow Ridge Ct.	MARCO ISLAND FL 34145

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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)(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:

*Debra J. Trafton*

DEBRA J. TRAFTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00

Date

941-3943657

Daytime Phone #