

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -1 PM 2:04

DOCUMENT # F00000003031

1. Corporation Name

TRAFFORD CORPORATION

Principal Place of Business

550 FIFTH STREET
TRAFFORD PA 15085

Mailing Address

PO BOX 168
TRAFFORD PA 15085



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/2000

5. FEI Number

25-1568874

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PCD | PULTAN, JOHN M | 550 FIFTH STREET EXTENSION | TRAFFORD PA |
| VD | MILLER, MARK F | 550 FIFTH STREET EXTENSION | TRAFFORD PA |
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8. Name and Address of Current Registered Agent

MEYERS, MICHAEL T
4164 LAKESIDE DRIVE
TAMARAC FL 33319

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date March 26, 2002

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

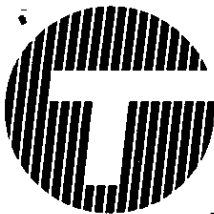
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

March 26 2002 412-37219411

Daytime Phone #

CR2E040 (8/01)



**TRAFFORD
CORPORATION
UTILITY SERVICES**

550 FIFTH STREET EXTENSION • TRAFFORD, PA 15085 • (412) 372-1219 • FAX (412) 373-8096

March 26, 2002

Florida Department of State

~~Division of Corporations~~

P.O. Box 6327

Tallahassee, FL 32314

Dear Sir or Madam,

Please accept this Application for Reinstatement and check as a request to perform business in the state of Florida. I apologize for the late filing but Trafford Corporation did not receive the Annual Report information. Please see the change of address section as Trafford Corporation has changed where such mailings are being received.

Thank you for your assistance. If you have any questions or comments please feel free to call me at 412-271-1219, extension 20.

Respectfully,

Jim Dombrowski
Controller
Trafford Corporation