# Florida Department of State
## Division of Corporations
### Public Access System

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TALLAHASSEE, FLORIDA

# CORPORATION REINSTATEMENT

## TRAFFORD CORPORATION

| | |
|---|---|
| Certificate of Status | 0 |
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**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 MAR 30 P 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003031

CR2E081 (10/08)

1. Corporation Name

TRAFFORD CORPORATION

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 550 FIFTH STREET EXTENSION | 550 FIFTH STREET EXTENSION |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: TRAFFORD, PA | City & State: TRAFFORD, PA |
| Zip: 15085 Country: USA | Zip: 15085 Country: USA |

4. Date Incorporated or Qualified To Do Business In Florida: 05/24/2000

5. FEI Number: 251568874 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional for Certified Copy and Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: David Kluess, Asst. Sec. Date: 3/20/09

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 |
|---|---|---|---|
| Pres. | JOHN FULTAN | 544 MEADOWBROOK | TRAFFORD, PA 15085 |
| | | | |
| | | | |
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| | | | |

REINSTATEMENT
03-09

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 taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: John Fultan, Pres. 3/20/09 412-787-0410

SIGNATURE AND TYPED OR PRINTED NAME OF REMAINING OFFICER OR DIRECTOR — Date — Daytime Phone #

Prepared by CT Corporation System Online