

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 AUG -3 PM 4:30
STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

DOCUMENT # L15757

1. Corporation Name

Trafalgar Associates II, Inc.

2. Principal Office Address - No P.O. Box #
200 S. Biscayne Blvd.

3. Mailing Office Address
200 S. Biscayne Blvd.

Suite, Apt. #, etc.
Suite 4100

Suite, Apt. #, etc.
Suite 4100

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33131 USA

Zip Country
33131 USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/08/1989

5. FEI Number
65-0158569

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

600183943996
08/03/10--01018--012 **1200.00
REINSTATEMENT 07-10

7. Name and Address of Current Registered Agent

Name
Thomas V. Eagan

Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd.

Suite, Apt. #, Etc.
Suite 4100

City State Zip Code
Miami FL 33131

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 _____
REGISTERED AGENT MUST SIGN

Date 8/1/10

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	Jose A. Gonzalez	200 S. Biscayne Blvd #4100	Miami, Florida 33131
V	Jose A. Gonzalez	200 S. Biscayne Blvd #4100	Miami, Florida 33131
S/T	Jose A. Gonzalez	200 S. Biscayne Blvd #4100	Miami, Florida 33131

10. E-mail Address: tainc@bellsouth.net

(To be used for future annual report notification)

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, I further certify 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: Jose A. Gonzalez 7/30/10 305-577-2814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

S/2