

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC 10 AM 7:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** PD3000062382

1. Corporation Name

A-1 Trapper Man, Inc.

2. Principal Office Address - No P.O. Box #

3410 Raulerson Rd

Suite, Apt. #, etc.

n/a

City & State

St. Augustine FL

Zip

32092

Country

U.S.

3. Mailing Office Address

same

Suite, Apt. #, etc.

n/a

City & State

same

Zip

same

Country

same

**REINSTATEMENT**

08.09

000163097830

11/25/09--01003--003 \*\*300.00

CR2E081 (11/09)

009000051920

4. Date Incorporated or Qualified  
To Do Business in Florida

6-2-03

5. FEI Number

57-1194798

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Brandon Booth

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

3410 Raulerson Rd.

Suite, Apt. #, Etc.

n/a

City

St. Augustine

State

FL

Zip Code

32092

☒ 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 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date Nov, 19, 2009

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
O/D	BRANDON BOOTH	3410 Raulerson Rd	ST Augustine FL 32092

10. E-mail Address: ~~at~~ a1trapperman@aol.com

(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 19, 2009

Date

Daytime Phone #

2/10/09