

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000124012

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN TROPHY CORPORATION

**Current Principal Place of Business:**

831 W MCNAB RD  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

831 W MCNAB RD  
POMPANO BEACH, FL 33060

**New Mailing Address:**

**FEI Number:** 20-1646652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRODICK, STEVE  
3511 NW 122 AVE  
SUNRISE, FL 33323 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** STEVE TRODICK

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** TRODICK, STEVE  
**Address:** 3511 NW 122 AVENUE  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** VPD  
**Name:** TRODICK, GERILYN  
**Address:** 2410-1 ARAGON BLVD  
**City-St-Zip:** SUNRISE, FL 33322

**Title:** SD  
**Name:** TRODICK, SEAN  
**Address:** 2410-1 ARAGON BLVD  
**City-St-Zip:** SUNRISE, FL 33322

**Title:** TD  
**Name:** TRODICK, ALFRED J  
**Address:** 2410 ARAGON BLVD.  
**City-St-Zip:** SUNRISE, FL 33322

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** STEVE TRODICK

PD

03/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date