

112


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JUN -5 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P05000139266**

1. Corporation Name

**American Trail Enterprise, Inc**  
**1717 N. Bayshore DR. #1047**  
**Miami FL 33132**

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**800103449788**  
**05/29/07--01054--001 \*\*315.00**  
**REINSTATEMENT** **06-07**  
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **10/12/2005**

5. FEI Number

**20-3624320**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Richard del Papa**

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

**1717 N. Bayshore DR.**

Suite, Apt. #, Etc.

**Suite #1047**

City

**Miami**

State

**FL**

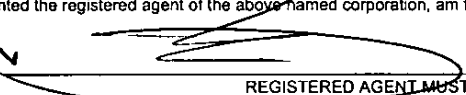
Zip Code

**33132**

☒ 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



**Richard del Papa**

Date **05-23-07**

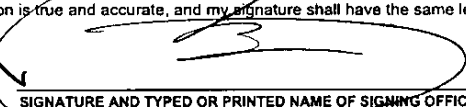
REGISTERED AGENT MUST SIGN

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
<b>P/S</b>	<b>Richard del Papa</b>	<b>1717 N. Bayshore DR. #1047</b>	<b>Miami FL, 33132</b>

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 fees 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:



**Richard del Papa** **05-23-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Per Act 6/5/07**  
**RO/LE**

2/2

March 28<sup>th</sup>, 2007

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL, 32314

Re: American Trail Enterprise, Inc.  
Document Number: P05000139266

Att: Patricia Bailey

Dear Madam:

By way of this letter I would like to let you know that I never received any notices regarding the 2006 Annual Report, at this time I have notice that my corporation is dissolved.


As per instruction of an employee in the Department of State I am sending you the Reinstatement Form along with a check # **551** in the amount of **\$ 315.00** to be applied as follow:

For the Annual Report year 2006 \$150.00, for the Annual Report year 2007 \$150.00 and \$15.00 for the Return check, that was sent with the Annual Report for the year 2006.

Please, I will appreciate that you waive any penalties due to the fact that I didn't received any prior notices.

Thank you in advance for your cooperation regarding this matter.

Very truly yours,

A handwritten signature in black ink, appearing to be "Richard del Papa", enclosed within a large, hand-drawn oval.

Richard del Papa  
President