		PLEASE READ A	ALL INST	RUCTI	ONS BE	FORE C	OMPLET	NG THIS FOR®	NAEP	
AF	F DE	AC	FLORIDA	A DEPAF Sandra E	RTMENT C	OF STATE		FIL	ED ED	
DEINIGTATEMIENIT (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					ry of State		98 NOV 23 AM 10: 02			
DOCUMENT # P93000070625 1. Corporation Name							SECRETARY OF STATE FALLAHASSEE, FLORIDA			
TRAFALGAR MARKETING, INC.										
Principal Pl	ace of Busine	988	Mailing Address							
2076 Indian Creek CT Dunedin FL 34698 US			P O BOX 1435 DUNEDIN FL 34697-435 US							
If above addresses are incorrect in any way, line through it New Principal Office Address, if Applicable 3.				h incorrect information and enter correction below. B. New Mailing Office Address, if Applicable			Date Incorporated or Qualified			
Suite, Apt. 1	#, etc.		Suite, Apt. #, etc.			To Do Business in Florida 10/11/1993				
City & State	•		City & State				5. FEI Number	65-0490762	Applied For Not Applicable	
Zip Country			Zip Country				CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each										
Title(s)	and/or Directors 3 (Do NOT				Officer at NOT Use Post	nd/or Director t Office Box No	City / State / Zip			
PD	NELSON, NICHOLAS			2076 IND	2076 INDIAN CREEK CT			DUNEDIN FL		
VT	NELSON,	DONALD K	P O BOX 1435			DUNEDIN FL 35				
							7000027017575: -12/03/9801065009 -****150.00 ****150.00			
							10-	(
							Pal Wins			
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent			
Name										
NELSON, DONALD K. Street Address (P 2076 INDIAN CREEK CT							P.O. Box Number	s Not Acceptable)		
DUNEDIN FL 34698 Suite, Apt. #, Etc.										
City								Stat	e Zip Code	
10. I, being Signature o Registered	of	e registered agent of the above GNA	MOT	ratio, am fa	CHIF	RED	oligations of Section	Date	/98	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for Information on Intangible tax.)										
12. 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 filling 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 under section 119.07(3)(i), 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: SIGNATURE AND APPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRAFALGAR MARKETING, INC.

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

20 November, 1998

To whom it may concern

Following a telephone conversation this morning with one of your representatives on (850) 487-6059, I enclose the Application for Reinstatement document, #P93000070625, for Trafalgar Marketing, Inc., together with a check, #215, to the value of \$ 150.

As quoted on the inside cover of the document "Second notice annual reports... were sent to the last address provided to this office by June 5 of this year.". Unfortunately, this is the second year in a row that I have only received this final "red" notice announcing the business' termination, although the address printed on the document is correct. Our telephone conversation this morning confirmed that the payment due was \$ 150, enclosed.

I trust this completes the matter.

Sincerely

Nick Nelson President.