

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PA400006932**

1. Corporation Name  
**A & T Traders, Inc.**

Principal Place of Business      Mailing Address  
**14905 NW 22 Avenue      2971 NW 185 Terrace**  
**Opa Locka, Fl. 33054      Carol City, Fl. 33056**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>2971 NW 185 Terrace</b>		3. New Mailing Office Address, If Applicable <b>2971 NW 185 Terrace</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>9/22/94</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0521152</b>	
City & State <b>Carol City, Florida</b>		City & State <b>Carol City, Florida</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip <b>33056</b>	Country <b>USA</b>	Zip <b>33056</b>	Country <b>USA</b>	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$6.75 Additional Fee required for certificate of status</small>	

**REINSTATEMENT**

**05-09**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres/Dir.	TRACY D. THOMPkins	2971 NW 185 Terrace	Carol City, Florida 33056
			<del>8888888888888888</del> -12/03/99-01098-020 ***1358.75 ***1358.75

8. Name and Address of Current Registered Agent

**Amerilawyer**  
**343 Almeria Avenue**  
**Coral Gables, Florida 33134**

9. Name and Address of New Registered Agent

Name  
**Tracy D. Thompkins**  
Street Address (P.O. Box Number is Not Acceptable)  
**2971 NW 185 Terrace**  
Suite, Apt. #, Etc.  
City  
**Carol City**      State  
**FL**      Zip Code  
**33056**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Tracy D. Thompkins**  
REGISTERED AGENT MUST SIGN

Date **10/8/99**

11. This corporation owes 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 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 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: **Tracy D. Thompkins**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/8/99**      (305) 621-7630  
Daytime Phone #

CR2001 (12/98)