PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

•AP**LICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED

01 APR -2 PM 2:51

SECRETARY OF STATE TALLAHASSEE, FLORIDA



P94000069932

1. Corporation Name

A & T TRADERS,	INC.
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DOCUMENT#

Principal Place of Business

Mailing Address

DOZE ANY LOC TERRACE

2071 MANAGE TERRAPE

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GAROL CITY FL 33056)				
				}			
If above addresses are incorrect in any way, line				<u> </u>			
17501 N.W 54TH AVE. 1750		Ing Office Address, If Applicable 1 N·W 54TH AVE		4. Date Incorp To Do Busit	Date Incorporated or Qualified To Do Business in Florida 09/22/1994		
Suite, Apt. #, etc.	Suite, Apt. #	, etc.		5. FEI Number	r	Applied For	
City & State MIAMI, FL	City & State	MI, FL	_	6.	65-0521152	Not Applicable	
^{Zip} 33055 Country	^{zip} 33 <i>t</i>	055 Countr	у		E OF STATUS DESIRED [\$8.7	5 Additional Fee required or a Certificate of Status	
7. Names and Street Addresses of Each Officer a	nd/or Director (Flo		··		T		
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
P/D THOMPKINS, TRACY D		2971 NW 185 TI	FRACE W 54 TH	AVENUE	CAROL CITY FL 33056- MIAMI, FL	33055	
			·				
				90	00004064 -04/24/010	0097	
				-	****300.00	****300.00	
·							
8. Name and Address of Curre	nt Registered Ag	ent		9. Name and A	Address of New Registered		
THOMPKINS, TRACY D			Name			CR2E940 (8/00)	
2971 NW 185 TERRACE 1750		547 NE	_ _Street Address (F	P.O. Box Number,	is Not Acceptable)	: ZZE040	
CAROL CITY FL 33050 MIAN	N/23	<i>3055</i>	Suite, Apt. #, Etc.			8	
City State Zip Code							
10. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607.0505, F.S. Signature of							
Registered Agent	REGISTERED	ENT MUST SIGN			Date	101	
11. I certify that I am an officer or director or the receiver or trostee 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 flave 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 TYPED OR	PRINTED NAME OF	SIGNING OFFICER OR	QED DIRECTOR		3/88/0	Vime Phone #	
Date Date Title of Thirties forme of Statistics of State Total							

A & T TRADERS, INC. 17501 NW 54TH AVENUE MIAMI, FL 33055

March 28, 2001

Division of Corporations Annual Reports Reinstatement Section P.O. Box 6327 Tallahassee, FI 32314-6327

Dear Sirs:

RE: A & T TRADERS, INC. - DOCUMENT #94000069932

Please be advised that the captioned company did not receive the first and second notice because we changed our address and we have just received this application for reinstatement from a tenant from the previous address. This is our first time filing, and we were unaware of filing such a report. Therefore, we are asking that you please waive the late charges.

Attached is a check for Three Hundred Dollars (\$300.00), for the filing of 2000 and 2001 Uniform Business Report.

Yours truly,

Tracy DAThompkins

Encl.