

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 JUN 11 AM 8:02

DOCUMENT # P96000092008

1. Corporation Name

JIM TROTTER & ASSOCIATES INC.

REINSTATEMENT

05-07

CR2E081 (1/07)

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

5119 RUE VENDOME

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ, FL.

City & State

Zip

33558

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11-7-1996

5. FEI Number

593414001

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

JIM TROTTER

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

5119 RUE VENDOME

Suite, Apt. #, Etc.

City

LUTZ, FL.

State

FL

Zip Code

33558

☒ 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

*James J. Trotter*

REGISTERED AGENT MUST SIGN

Date

6-4-07

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
PRES.	JAMES JOSEPH TROTTER	5119 RUE VENDOME	LUTZ, FL. 33558
V.P.	KIMBERLY KAY TROTTER	5119 RUE VENDOME	LUTZ, FL. 33558
			100104203201

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

*James J. Trotter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-4-07

Daytime Phone #

813-600-1536



CORPORATION SERVICE COMPANY

RECEIVED

07 JUN 11 AM 10:35

ACCOUNT NO. : 07210000000000000000

REFERENCE : 942110 7593054

AUTHORIZATION :

COST LIMIT : \$450.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ORDER DATE : June 11, 2007

ORDER TIME : 8:57 AM

ORDER NO. : 942110-005

CUSTOMER NO: 7593054

*Note to the state:  
Mr. Trotter says he  
spoke to someone in the  
reinstatement Dept. & was  
told the state would waive the  
\$600 penalty fees. Thank*

DOMESTIC FILINGS

NAME: JIM TROTTER & ASSOCIATES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS \_\_\_\_\_