

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAR -3 PM 2:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000029579

1. Corporation Name
TRINITY INVESTMENT & DEVELOPMENT, INC.

Principal Place of Business Mailing Address
2650 S.E. 4th Street 2650 S.E. 4th Street
Pompano Beach, FL 33062 Pompano Beach, FL 33062

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

2. New Principal Office Address, If Applicable
3. New Mailing Office Address, If Applicable
4. Date Incorporated or Qualified To Do Business in Florida 4/10/95
5. FEI Number 65-0578849
6. CERTIFICATE OF STATUS DESIRED [ ] \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

Handwritten initials and date: 96-97

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for R. MICHAEL HORTON and CAROL J. HORTON.

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-03/04/97--01069--003
\*\*\*915.00 \*\*\*915.00

8. Name and Address of Current Registered Agent

R. MICHAEL HORTON
2650 S.E. 4th Street
Pompano Beach, FL 33062

9. Name and Address of New Registered Agent

Name, Street Address (P.O. Box Number is Not Acceptable), Suite, Apt. #, Etc., City, State (FL), Zip Code

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: R. Michael Horton, President
REGISTERED AGENT MUST SIGN R. MICHAEL HORTON

Date 2/27/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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: R. Michael Horton, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97 Date 954-784-4846 Daytime Phone #

CR2E040 (12/96)