PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~INCORPORATION~~
~~REINSTATEMENT~~

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

2001 WEB

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 27 AM 9:32

DOCUMENT # F 00000002211

1. Corporation Name
TRICORP GROUP, INC.

2. Principal Office Address	3. Mailing Office Address
777 S. FLAGLER DR.	777 S. FLAGLER DR.
Suite, Apt. #, etc.: 800 W	Suite, Apt. #, etc: 800 W
City & State: WEST PALM BCH, FL	City & State: WEST PALM BCH
Zip: 33401 Country: USA	Zip: 33401 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 20, 2000

5. FEI Number: 58-2536655 ☐ 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

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-10/10/01--01058--003
****158.75 ****158.75

Name: CHARLES J. KERNS, SR.
Street Address (P.O. Box Number is Not Acceptable): 777 S. FLAGLER DR.
Suite, Apt. #, Etc: SUITE 800 W
City: WEST PALM BEACH State: FL Zip Code: 33401

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: Charles J. Kerns, Sr. Date: 9-26-01
REGISTERED AGENT MUST SIGN

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	CHARLES J KERNS, SR	777 S. FLAGLER DR	WPB FL 33401
SEC	CHARLES J. KERNS, JR	777 S. FLAGLER DR	WPB FL 33401

SP

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: CHARLES J. KERNS, SR. Charles J. Kerns, Sr. 9-26-01 561-515-6016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #