

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV 12 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000001280

1. Corporation Name

TRION, INC

Principal Place of Business

3770 PEACHTREE CREST DRIVE
DULUTH GA 30097

Mailing Address

3770 PEACHTREE CREST DRIVE
DULUTH GA 30097

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/2001

5. FEI Number

58-1370995

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
P	RILEY, RAMON C	3770 PEACHTREE CREST DRIVE	DULUTH GA 30097
V	RAYMER, JUDITH R	3770 PEACHTREE CREST DRIVE	DULUTH GA 30097
V	RILEY, CATHERINE L	3770 PEACHTREE CREST DRIVE	DULUTH GA 30097
ST	RILEY, ELINORE L	3770 PEACHTREE CREST DRIVE	DULUTH GA 30097

8. Name and Address of Current Registered Agent

COPELAND, SUSAN L
4297 W. US 90, #A-32
LAKE CITY FL 32055

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. or 617.0505, F.S.

Signature of
Registered Agent

Susan L Copeland
REGISTERED AGENT MUST SIGN

Date 11-4-02

11. 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.

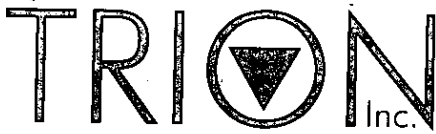
SIGNATURE:

Catherine Lynne Rulby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)



November 4, 2002

Divisions of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Application for Reinstatement Due To
Failure to File 2002 Annual Report

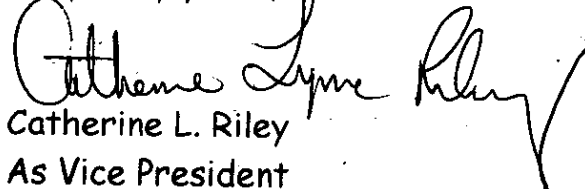
Gentlemen:

The purpose of this letter is to request a waiver of the above-referenced fee due to the fact that Trion, Inc. did not receive the two prior uniform business report (UBR) notices concerning the filing of the annual report. We make every effort to file all state and federal reports in a timely fashion and would have done so in this case had the information been received by us.

I am enclosing herewith the executed Application for Reinstatement along with our check in the amount of \$150.00. I am assuming that the enclosed information is all that is needed in order to put our corporation in good standing.

Should additional information be required, please let me know.

Very truly yours,


Catherine L. Riley
As Vice President

Enclosures