

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000124307 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

RESUBMIT

Please give original
submission date as file date.

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
TRINITY PROTECTION SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,350.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 04 2012

R. HUNT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 MAY -4 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000006741

1. Corporation Name

Trinity Protection Services Inc

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

9315 Largo Dr W

3. Mailing Office Address

5501 Eastwind Dr

Suite, Apt. #, etc.

Suite 170

Suite, Apt. #, etc.

City & State

Largo, MD

City & State

Sarasota, FL

Zip

20774

Country

US

Zip

34233

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/2005

5. FEI Number

522291365

Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

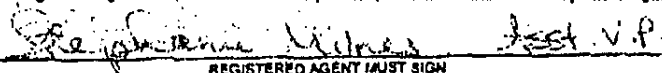
State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent
REGISTERED AGENT MUST SIGN

Date 5/4/2012

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
PDT	Darren Hollis	14112 Jones Bridge Rd	Upper Marlboro, MD 20774
DVS	Tina Hollis	14112 Jones Bridge Rd	Upper Marlboro, MD 20774

10. E-mail Address: kedwards@trinityprotection.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAY 04 2012

R. HUNT