

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F11069

1. Corporation Name

TRILLIUM, INC.

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

35 Penwood Crescent

Suite, Apt. #, etc.

3. Mailing Office Address

35 Penwood Crescent

Suite, Apt. #, etc.

City & State

Toronto, Ontario

City & State

Toronto, Ontario

Zip

M3B3B1

Country

CANADA

Zip

M3B 3B1

Country

Canada

7. Name and Address of Current Registered Agent

Name

Blake, Kuehler, Babione & Pool (Mark Kuehler)

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

4060 Edgewater Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32804

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

Mark Kuehler
REGISTERED AGENT MUST SIGN

Date **29 May 2007**

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
P	MERETSKY, Philip	35 Penwood Crescent	Toronto, Ontario M3B 3B1

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:

Philip H. Meretsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip H. Meretsky

29 May 2007

Date

416-943-0808

Daytime Phone #

FILED
07 JUN -4 AM 10:05
FLORIDA DEPARTMENT OF STATE
ALLAHBEE, FLORIDA

REINSTATEMENT 04-07

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1980

5. FEEL Number

592160636

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

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06/12/07--01019--013 **500.00