


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherins Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000001577			
1. Corporation Name TRIPS CORPORATION			
2. Principal Office Address 4492 SOUTHSIDE BLVD. Suite, Apt. #, etc. SUITE 102 City & State JACKSONVILLE, FL Zip 32216		3. Mailing Office Address 4492 SOUTHSIDE BLVD. Suite, Apt. #, etc. SUITE 102 City & State JACKSONVILLE, FL Zip 32216	
Country DUAL		Country DUAL	

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date incorporated or Qualified To Do Business in Florida 03/19/1998	
5. FEI Number 223443840	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Name and Address of Current Registered Agent	
Name PIYUSH PATEL	
Street Address (P.O. Box Number is Not Acceptable) 4492 SOUTHSIDE BLVD.	
Suite, Apt. #, Etc. SUITE 102	
City JACKSONVILLE	

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***300.00 ***300.00

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: Piyush Patel Date: 08/31/2001

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
PRESIDENT	PIYUSH PATEL	4492 SOUTHSIDE BLVD., SUITE 102	JACKSONVILLE, FL 32216

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***300.00 ***300.00

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 under section 119.07(3)(f), 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: Piyush Patel, PRESIDENT Date: 08/31/2001 Daytime Phone #: (904) 565-1924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2301 (9/00)