

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR -6 PM 1:00

DOCUMENT # F98000002254

1. Corporation Name

THE TRINITY GROUP-I, INC.

Principal Place of Business

Mailing Address

249 NORTH SAW MILL RIVER RD.  
ELMSFORD NY 10523

249 NORTH SAW MILL RIVER RD.  
ELMSFORD NY 10523



REINSTATEMENT 06-01

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/21/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3998041

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CP	SCHILLER, LEWIS S	21634 CLUB VILLA TERRACE	BOCA RATON FL 33433
<del>S</del>	<del>WNUK, GRACE</del>	<del>333 RECTOR PLACE PHD</del>	<del>NEW YORK NY 10280</del>
<del>T</del>	<del>SHAMSIE, DONALD L</del>	<del>527 WESTWOOD DR.</del>	<del>WAKE VILLAGE TX 75503</del>
S	WNUK, GRAZYNA	21634 CLUB VILLA TERR	BOCA RATON, FL 33433
			4000004009274-10 04/16/01-01007-018 ***900.00 ***900.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name LEWIS S. SCHILLER  
Street Address (P.O. Box Number is Not Acceptable)  
21634 CLUB VILLA TERRACE  
Suite, Apt. #, Etc.  
City BOCA RATON State FL Zip Code 33433

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/02/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/02/01 561-447-6612