

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2 Ag 10k
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 JUL 17 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G65253

1. Corporation Name

Tri-County Industries, Inc.

2. Principal Office Address

2801 Evans St.

Suite, Apt. #, etc.

3. Mailing Office Address

2801 Evans St.

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33020

Country

City & State

Hollywood, FL

Zip

33020

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1983

5. FEI Number

592332821

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Patrick Sullivan

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

2801 Evans St.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

[Signature]

Date 7-12-06

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
PTD	Patrick Sullivan	2801 Evans St.	Hollywood, FL 33020

B 7/20/06

9/9/06

REINSTATEMENT

300077823003

07/21/06--01012--007 **1200.00

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/12/06 954-848-1000

Daytime Phone #

Passerol

July 12, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Document #G65253 - Tri County Industries, Inc.
Waiver of Reinstatement Fee**

To Whom It May Concern:

Let this letter serve as official notice that Tri-County Industries, Inc. never received any notification to renew the Corporation back in 1999.

Sincerely,

A handwritten signature in black ink, appearing to read 'Patrick Sullivan', written over a horizontal line.

Patrick Sullivan – President

PS/kat
Enclosure