

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 FEB 28 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 559114

1. Corporation Name  
TRI-COUNTY MANAGEMENT SERVICES INC.

2. Principal Office Address

511 SOUTH K. STREET

Suite, Apt. #, etc.

City & State

LAKE WORTH, FLA.

Zip

33460

Country

PALM BCH.

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2772169

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JAMES T. WRIGHT

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

511 SOUTH K STREET

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33460

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

JAMES T. WRIGHT  
REGISTERED AGENT MUST SIGN

Date 2/24/05

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
PRES	JAMES T. WRIGHT	511 SOUTH K STREET	LAKE WORTH, FLA. 33460
D	JAMES T. WRIGHT	511 SOUTH K. STREET	LAKE WORTH, FLA. 33460

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)(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:

JAMES T. WRIGHT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05  
Date

561-722-3321  
Daytime Phone #

CR2E081 (01/05)