

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 10 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K88055

1 Corporation Name

TRIMAR SOUTHEAST DEVELOPMENTS, INC.

Principal Place of Business

Mailing Address

% DOUGLAS DUPUIS  
135 PINEWINDS BLVD.  
OLDSMAR FL 34677-2082

% DOUGLAS DUPUIS  
135 PINEWINDS BLVD.  
OLDSMAR FL 34677-2082



REINSTATEMENT

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

05/15/1989

R. Carlton Ward  
Suite, Apt. #, etc.  
1253 Park Street

R. Carlton Ward  
Suite, Apt. #, etc.  
1253 Park Street

5 FEI Number

59-3014052

Applied For

Not Applicable

City & State

City & State

Clearwater, FL  
Zip 34616 Pinellas

Clearwater, FL  
Zip 34616 Pinellas

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	PALOMBO, FAUSTO	3800 STEELES AVENUE W	WOODBIDGE, ONTARIO
D	DUPUIS, DOUGLAS	135 PINEWINDS BLVD.	OLDSMAR FL

100002027771--0  
12/12/96 01895 883  
\*\*\*\*418.75 \*\*\*\*418.75

JB12-11-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUPUIS, DOUGLAS  
135 PINEWINDS BLVD.  
OLDSMAR FL 34677

Name  
R. CARLTON WARD  
Street Address (P.O. Box Number is Not Acceptable)  
1253 Park Street  
Suite, Apt. #, Etc.  
City  
Clearwater  
State  
FL  
Zip Code  
34616

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

*R. Carlton Ward*

REGISTERED AGENT MUST SIGN

Date 12/14/94

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12 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

FAUSTO PALOMBO

NOV. 4/96

Date

905-851-5000

Daytime Phone #