

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**

98 FEB -9 AM 10:50

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **K95954**

1. Corporation Name  
**TRINPAC INC.**

Principal Place of Business Mailing Address  
**175 FONTAINEBLEAU BLVD 1-D.**  
**MIAMI, FLA 33172**

**REINSTATEMENT 92-98**

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

2. New Principal Office Address, If Applicable <b>Same</b>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>7-3-91</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0144194</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	HARRY RAMSINGH	2870 ST. 137 CT, MIAMI	MIAMI, 33175
S	ANTHONY GRIMALDI	175 FONTAINEBLEAU BLVD 1-D	MIAMI 33172
D	DEANDIAL D. MAHARAJ	175 FONTAINEBLEAU BLVD STE 1-D	MIA, FLA 33172
			900002429049--7 02/12/98-01077-009 ***1650.00 ***1650.00

8. Name and Address of Current Registered Agent <b>HARRY RAMSINGH</b> <b>2870 STREET, 137 COURT</b> <b>MIAMI, FLA 33175</b>		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State   Zip Code <b>FL</b>

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 *H Ramsingh* Date **1-29-98**  
 REGISTERED AGENT MUST SIGN

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: *H Ramsingh* 305-553-9591  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-29-98 305-226-5260  
 Date Daytime Phone #

CR2E040 (12/96)