

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L30596

FILED  
Oct 15, 2009  
Secretary of State

**Entity Name:** TRICON DEVELOPMENT OF BREVARD, INC.

**Current Principal Place of Business:**

925 N. COURTENAY PKWY., #28  
MERRITT ISLAND, FL 32953 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 320637  
COCOA BEACH, FL 329320637 US

**New Mailing Address:**

**FEI Number:** 59-2978188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOHRR, PHILIP F  
1800 W. HIBISCUS  
SUITE 138  
MELBOURNE, FL 32902 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PHILIP NOHRR

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: KODSI, ROBERT D  
Address: 925 N. COURTENAY PKWY., #28  
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: PD ( ) Delete  
Name: KODSI, MAURICE  
Address: 925 N. COURTENAY PKWY., #28  
City-St-Zip: MERRITT ISLAND, FL 32953 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT KODSI

S

10/15/2009

Electronic Signature of Signing Officer or Director

Date