

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 SEP -9 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO1000000132**

1. Corporation Name

**TRINITY MEDICAL COMPREHENSIVE  
SERVICES, INC.**

2. Principal Office Address

**1509 S. WICKHAM RD**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**WEST MELBOURNE FLORIDA**

City & State

**WEST MELBOURNE**

Zip

**32904**

Country

**BREVARD**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**1-1-01**

5. FEI Number

**03-0436080**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

**B-DY**

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

Name

**MARYAM MURBE SOLOLA**

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

**1509 SOUTH WICKHAM ROAD**

Suite, Apt. #, Etc.

City

**WEST MELBOURNE**

State

**FL**

Zip Code

**32904**

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

**Maryam Murbe Solola**

REGISTERED AGENT MUST SIGN

Date

**8/30/04**

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
P	Dr. John Spencer Archibutu	1346 Hampton Park Ln, Melbourne, FL	32940
SVP	Maryam Murbe Solola	1509 S. Wickham Rd, W. Melbourne, FL	32904
V.P	Willard C. Mallery	2851 Palm Bay Rd, Palm Bay, FL	32907
D	Clement A. Hicklen	1176 Camas Ave. N.W, Palm Bay, FL	32907
D	Cecil Pinder	1101 Riviera Dr, Palm Bay, FL	32905
D	Aman Salim	101 Karanja Road, Nairobi, Kenya	

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:

**Maryam Murbe Solola**

**MARYAM MURBE  
SOLOLA**

Date

**8/30/04 (321) 952**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**4288**

CR2E081 (9/01)