

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAR 27 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO10000003923**

1. Corporation Name

**Tri Tech Preparatory School, Inc.**

2. Principal Office Address - No P.O. Box #

**7431 West 35 Ave**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Hialeah**

City & State

**FL**

Zip

Country

**33018**

**US**

Zip

Country

7. Name and Address of Current Registered Agent

Name

**Petrena Trice**

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

**7431 West 35 Ave**

Suite, Apt. # Etc.

City

**Hialeah**

State  
**FL**

Zip Code  
**33018**

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

**P Trice**

REGISTERED AGENT MUST SIGN

Date

**03/22/09**

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	Petrena Trice	7431 west 35 Ave	Hialeah, FL 33018
<del>V</del>	<del>Treasurer Wallace</del>	<del>P.O. Box 572645</del>	<del>Tarzana, CA 91357</del>
V	Treasurer Wallace	211 N. Valley Street	Burbank, CA

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 contained in Chapter 119, 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:

**P Trice**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**03/22/09**

Daytime Phone #

**(305) 362-0762**

400147721864  
03/27/09--01032--017 \*\*253.75  
**REINSTATEMENT 0609**  
4. Date Incorporated or Qualified To Do Business in Florida **05/30/2001**  
5. FFL Number **651113051**  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status