## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

l	fill)	<u></u>
	08 MAR -4	F

DOCUMENT # N05000006125 PM 2: 05 1. Entity Name TRIMARIS LAND CORPORATION SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 17616 WOODFIELD HILL COURT 17616 WOODFIELD HILL COURT ORLANDO, FL 32820 ORLANDO, FL 32820 2. Principal Place of Business - No P.O. Box # 3. Mailing Address NSTATEMENTY OF Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RHODES, DONALD DEBETS, JOHN 1991 BRADY GROVE ROAD TITUSVILLE, FL 32796 810 HIBISCUS ST Zin Code 37 ATLANTIC BEALLY 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make check payable to Make check payable Florida Department of State In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$122.50 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change RHOORS, HONALD BID HIBISCUS ST COOLEY, ALEX NAME NAME 17616 WOODFIELD HILL COURT STREET ADDRESS STREET ADDRESS ATLANTIC BOSCH, FL 32037 CITY-ST-7IP ORLANDO, FL 32820 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME CASON, KEM 300119354493 03/04/08--01016--003 \*\*131.25 NAME STREET ADDRESS 1205 MOSELY AVENUE STREET ADDRESS CITY-ST-ZIP PALATKA, FL 32177 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition DEBETS, JOHN NAME 1991 BRADY GROVE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32796 CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

TITLE

NAME

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Defete

904-866-1615

☐ Change

Change

☐ Addition

Addition

February 28, 2008

Florida Department of State Reinstatement Division

I certify that notices of administratively dissolving or revocation of failure to file 2007 annual report have not been received by the Trimaris Land Corporation. Request waiver of filing fee with the exception of the 2007 and 2008 annual report fee of 122.50. Additionally I have enclosed my application for amendment of our articles of incorporation return by the amendment division due to the about problem, please see attached ltr dtd February, 2008

Donald B. Rhodes

Secretary

Document No: N05000006125