

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

CORPORATION

2000 UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 OCT -3 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001315

1. Corporation Name

TRIN TOL CULTURAL AND
ATHLETIC ORGANIZATION INC.
18200 N.W. 20TH AVE APT. #19
MIAMI, FLA. 33056

2. Principal Office Address

18200 N.W. 20TH AVE

Suite, Apt. #, etc.

APT # 19

City & State

MIAMI FLORIDA

Zip

33056

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

03/22/00 90028 041 \$75.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CASSIN TAYLOR

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

18200 N.W. 20TH AVE

Suite, Apt. #, Etc.

APT. 19

City

MIAMI FLORIDA 33056

State

FL

Zip Code

33056

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

Cassin Taylor

Date

REGISTERED AGENT MUST SIGN

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
PRES. DIR	CASSIN TAYLOR	18200 N.W. 20TH AVE APT 19	MIAMI, FLORIDA 33056
DIR	FRANK GOMEZ	19415 N.W. 39TH AVE	MIAMI, FLORIDA 33055
DIR	ROXAN MARIE KING	18200 N.W. 20TH AVE APT 19	MIAMI, FLORIDA 33056

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:

Cassin Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/00

Date

Daytime Phone #

CR2E081 (9/99)

282

October 03, 2000

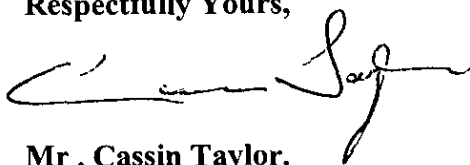
Division Of Corporation
409 East Gain Street
Tallahassee, Fla.

TRIN TOC CULTURAL AND ATHLETIC
ORGANIZATION, INC
18200 NW 20th Ave Apt #19
Miami, Fla. 33056

TO WHO IT MAY CONCERN.

Sir: I Cassin Taylor never received any notification or correspondence from you, notifying me that my application in March was incorrect. However because of the urgency of the situation, I sincerely hope you can corporate with me to have our corporation reenstated, since we are schedule to have our annual fund raiser on Friday October 06, 2000 and on Saturday October 07, 2000.

Respectfully Yours,



Mr . Cassin Taylor.