

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000005923

FILED  
Dec 18, 2009  
Secretary of State

Entity Name: TRI-STAR DIVERSIFIED INDUSTRIES, INC.

## Current Principal Place of Business:

303 SW COTTAGE GLEN  
LAKE CITY, FL 32064

## New Principal Place of Business:

303 SW COTTAGE GLEN  
LAKE CITY, FL 32024

## Current Mailing Address:

303 SW COTTAGE GLEN  
LAKE CITY, FL 32064

## New Mailing Address:

303 SW COTTAGE GLEN  
LAKE CITY, FL 32024

FEI Number: 59-3621043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARRISH, JAMES B  
303 SW COTTAGE GLEN  
LAKE CITY, FL 32064 US

## Name and Address of New Registered Agent:

PARRISH, JAMES B MR  
303 SW COTTAGE GLEN  
LAKE CITY, FL 32024 US

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: JAMES B PARRISH

12/18/2009

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: ST ( ) Delete  
Name: PARRISH, GWENDOLYN  
Address: 303 SW COTTAGE GLN  
City-St-Zip: LAKE CITY, FL 32024

Title: P ( ) Delete  
Name: PARRISH, JAMES B  
Address: 303 SW COTTAGE GLN  
City-St-Zip: LAKE CITY, FL 32024

## 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: JAMES B PARRISH

RA

12/18/2009

Electronic Signature of Signing Officer or Director

Date