

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 OCT 15 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000007831

1. Corporation Name

TROJAN MANAGEMENT OF THE PALM BEACHES,
INC.

REINSTATEMENT 01-04

2. Principal Office Address

217 DANUBE WAY

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

Zip

33410

Country

US

3. Mailing Office Address

217 DANUBE WAY

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

Zip

33410

Country

US

500041900835

10/15/04--01039--001 **\$600.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/08/2000

5. FEI Number

65-0985379

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

ANNE POULOS

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

217 DANUBE WAY

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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

Anne Poulos

Date 10/13/04

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
P	ANNE POULOS	217 DANUBE WAY	PALM BEACH GARDENS , FLORIDA 33410

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:

Anne Poulos

ANNE POULOS

10/13/04 776-1621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

FILED

2 of 2

C.R. COOPER, CPA, PA 04 OCT 15 PM 2:51
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FL 33406

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

October 13, 2004

Division of Corporations
Uniform Business Report Filings
P. O. Box 6327
Tallahassee, Florida 32314

Taxpayer: Trojan Management of the Palm Beaches, Inc.
FEIN: 65-0985379
Tax Form: UBR
Tax Period: 2001, 2002, 2003, 2004
Document #: P00000007831


To Whom It May Concern:

We have enclosed check # *1284* in the amount of \$600.00 for the 2001, 2002, 2003 and 2004 Annual Renewals of the above corporation.

Please abate the penalty as Mrs. Poulos did not receive the original UBR fee due to relocation. The corporation was newly formed and did not intentionally avoid the filing.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,


C. R. Cooper, CPA

Encl.

cc