

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000083249

1. Corporation Name

TRICOM DEVELOPMENT & REALTY COMPANY

Principal Place of Business

2170 SE 17 ST CAUSEWAY #303
FORT LAUDERDALE FL 33316

Mailing Address

2170 SE 17 ST CAUSEWAY #303
FORT LAUDERDALE FL 33316

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

2170 S.E. 17th Str. - C1

Suite, Apt. #, etc.

Suite - C1 -

City & State

FORT LAUDERDALE

City & State

FORT LAUDERDALE FL

Zip

33316

Country

BROWARD

Zip

33316

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/2000

5. FEI Number

65-1037419

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MARY W. JACKSON	2170 SE 17 St - C1	FORT LAUDERDALE FL 33313

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

GEORGE AMARADIDIS

2170 SE 17 ST CAUSEWAY #303
FORT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name

MARY JACKSON

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

2170 SE 17th Str. - C1 -

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33316

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Mary Jackson
REGISTERED AGENT MUST SIGN

Date 04-8-01

11. 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:

Mary Jackson Mary Jackson 04-8-01 / 954 779 7872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)