PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

'02 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 29 AM 8:01

DOCUMENT # P01000009981

1. Corporation Name

TRI-PRO ASSOCIATES INC.

Principal Place of Business	Mailing Address
9740 MEMORIAL ROAD MIAMI FL 33157	9740 MEMORIAL ROAD MIAMI FL 33157

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

5113/02 90177 048 150.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
28410 Royal Palm Dr.	- SAME
Suite, Apt. #, etc.: Private Home	Suite, Apt. #, etc.
City & State: Punta Gorda - FLA	City & State
Zip: 33950 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/26/2001

5. FEI Number: 651-10-8411 ☐ 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
D	TRILLI, PATRICK	~~9740 MEMORIAL ROAD~~ 28410 Royal Palm Dr.	~~MIAMI FL 33157~~ Punta Gorda FLA 33950
D	PROFACI, JOSEPH S	202 SUMMIT ROAD	MT LAUREL NJ 08054

8. Name and Address of Current Registered Agent

TRILLI, PATRICK
9740 MEMORIAL ROAD
MIAMI FL 33157

9. Name and Address of New Registered Agent

Name: Patrick Trilli
Street Address (P.O. Box Number is Not Acceptable): 28410 Royal Palm Dr.
Suite, Apt. #, Etc.: Private Home
City: Punta Gorda State: FL Zip Code: 33950

CR2E040 (8/02)

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: Patrick Trilli SIGNATURE REQUIRED Date: 10/26/02

REGISTERED AGENT MUST SIGN

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: Patrick Trilli SIGNATURE REQUIRED PATRICK Trilli 10/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/6/02 AD

10/26/02

DEAR SIR

PLEASE FORGIVE ME FOR NOT RESPONDING ASAP! I DID NOT RECIEVE REJECTION NOTICE UNTIL AFTER MAY 21

I HAVE BEEN CARING FOR MY MOTHER IN NEW JERSEY WITH QUAD-BI PASS HEART SURGERY.

THANK YOU

Patrick Pullen