

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

02 OCT 28 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P010000081516**

1. Corporation Name

**TRI. INC.**

2. Principal Office Address

**2300 WEST SAMPLE**

Suite, Apt. #, etc.

**202**

City & State

**POMPANO BEACH, FL**

Zip

**33073**

Country

**US**

3. Mailing Office Address

**2300 WEST SAMPLE**

Suite, Apt. #, etc.

**202**

City & State

**POMPANO BEACH, FL**

Zip

**33073**

Country

**US**

4. Date Incorporated or Qualified  
To Do Business in Florida

**AUG. 17, 2002**

5. FEI Number

**651134 778**

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

**DONALD A. YARBROUGH ESQ.**

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

**2601 E. OAKLAND PARK BLVD.**

Suite, Apt. #, Etc.

**402**

City

**FORT LAUDERDALE**

State

**FL**

Zip Code

**33306**

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

**ATTACHED LETTER**

REGISTERED AGENT MUST SIGN

Date

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.	KAY MILLER	2300W SAMPLE SU. 202	POMPANO BEACH FL. 33073

**1000008638931**  
**10/28/02--01136--012 \*\*150.00**

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:

**Kay Miller**

**Kay Miller Pres**

**10-24-02**

Date

**954 979-9900**

Daytime Phone #

CR2E081 (9/01)

21 11/4/02

((000004540940))

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF F.S. 607.0501, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the corporation is: **TRI, INC.**
2. The name and address of the registered agent and office is:

DONALD A. YARBROUGH, ESQ.  
SUITE 402  
2601 E. OAKLAND PARK BOULEVARD  
FORT LAUDERDALE, FL 33306

Having been named as registered agent and to accept service of process for the above-stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
DONALD A. YARBROUGH

8/17/01  
DATE

((000004540940))