

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

APPLICATION FOR



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

FILED

02 NOV -1 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000091553

1. Corporation Name

TRINITY HOME IMPROVEMENT, INC.

Principal Place of Business

Mailing Address

7421 KISMET STREET
MIRAMAR FL 33202

7421 KISMET STREET
MIRAMAR FL 33202



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

07/31/02 90094 038 180

4. Date Incorporated or Qualified To Do Business in Florida

09/19/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-774-5135

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	FOWLER, FREDERICK	7421 KISMET STREET	MIRAMAR FL 33202

02 4/22/03

8. Name and Address of Current Registered Agent

FOWLER, FREDERICK
7421 KISMET STREET
MIRAMAR FL 33202

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

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

SIGNATURE REQUIRED

Date

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:

SIGNATURE REQUIRED

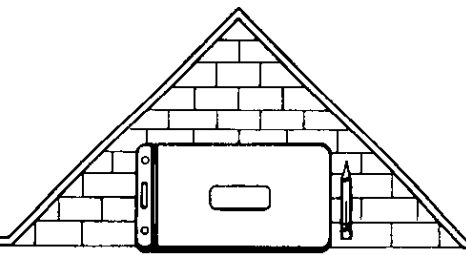
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

Page 2 of 2



Professional Financial Accounting, Inc.

1215 S.E. 2nd Avenue
Suite 202
P.O. Box 21723
Ft. Lauderdale, FL 33335
(954) 763-2960

October 30, 2002.

Florida Department of State.
Division of Corporations.
Annual Report/Reisstatement Section.
PO Box 6327,
Tallahassee, Fl 32314-6327

RE: Trinity Home Improvement Inc.
Document # P0000091553

Please find Application for Reinstatement for our client
above.

Also enclosed copy of cancelled check sent to the Department
of State April 29, 2002.

We do not understand why our client has received this notice -
they did send the report in at the end of April - the check
was accepted.

Can this please be looked into further. Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sheila A. Modas".

Sheila A. Modas.

sam