

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 16 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P01600094237

1. Corporation Name

Trinity Bools Inc.

000009705330
12/27/02--01009--008 **750.00

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2. Principal Office Address

1673 S.W. Billmore St

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St Lucie FL

City & State

Zip

34984

Country

St Lucie

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-24-01

5. FEI Number

65-1141189

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

Bettin Greene

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

2046 SE Ancora Ct.

Suite, Apt. #, Etc.

City

Port St Lucie

State

FL

Zip Code

34952

REINSTATEMENT

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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

[Signature]

Date

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
D	Bettin Greene	2046 SE Ancora Ct.	Port St Lucie FL 34952
D	Answorth Harris	1772 SW Twin Ln	Port St Lucie FL 34954

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)