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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

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03 JUN -3 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 0203

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000100691					
1. Corporation Name TRS CAPITAL GROUP INC.					
2. Principal Office Address 6039 CYPRESS GARDENS BLVD.			3. Mailing Office Address		
Suite, Apt. #, etc. 260			Suite, Apt. #, etc.		
City & State WINTER HAVEN			City & State FLORIDA		
Zip 33884		Country US		Zip	
				Country	

4. Date Incorporated or Qualified To Do Business in Florida 10/17/01	
5. FEI Number 710877383	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐	
SE-75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name ROY SMITH	
Street Address (P.O. Box Number, Not Applicable) 6039 CYPRESS GARDENS BLVD.	
Suite, Apt. #, Etc. 260	
City WINTER HAVEN	State FL Zip Code 33884

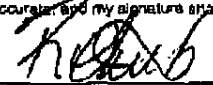
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date JUN 3/03

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
PRESIDENT	ROY SMITH	6039 CYPRESS GARDENS BLVD STK 260	WINTER HAVEN FL / 33884

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)(b), 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:  ROY SMITH Date JUN 3/03 864 420-6366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
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Fax Number : (850) 224-1640

CORPORATION REINSTATEMENT

TRS CAPITAL GROUP INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00