

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119067

1. Corporation Name

TRIX, INC.

Principal Place of Business

1058 SE DAMASK AVE.  
PORT ST. LUCIE FL 34983

Mailing Address

1058 SE DAMASK AVE.  
PORT ST. LUCIE FL 34983

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

2. New Principal Office Address, If Applicable

794 S. FEDERAL HWY

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

34994

Country

3. New Mailing Office Address, If Applicable

794 S. FEDERAL HWY

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

34994

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/2001

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LAZARUS, SCOTT	1058 SE DAMASK AVE. 794 S. FEDERAL HWY	PORT ST. LUCIE FL 34983 STUART, FL 34994

800008942068  
11/12/02 01118-024 \*\*150.00

8. Name and Address of Current Registered Agent

COPELAND, JOHN K  
10 CENTRAL PKWY., STE-400  
STUART FL 34994

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Scott Lazarus, Pres

Date

11/4/02

Daytime Phone #

772 287-0011

CR2E040 (8/02)

To Whom it May concern:

I Never Received Prior Notice  
to this Document

Atty General, Pres