## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT C Glenda E. Hood Secretary of State DIVISION OF CORPORATIO	;'	The second s	
DOCUMENT # P0200034030  1. Corporation Name			FILED	
TRIGO, INC.			04 AUG 30 AM 11: 49	
Principal Place of Business	Mailing Address		SEGRETARY OF STATE TALLAHASSET FLORIDA	
3480 ATHENA DR. WINTER PARK FL 32792	3480 ATHENA DR. WINTER PARK FL 32792			
If above addresses are incorrect in any way, line thro  2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Appli	cable 4. Date Incorp	orated or Qualified ness in Florida 03/28/2002	
Suite, Apt. # etc.  SIO PLINE MEADOWS RD  City & State	Suite, Apt. # etc. 810 Pink memo		Applied For	
ORLANDO FL	ORLANDO FL Zip Country	01069 6.	\$8.75 Additional Fee required	
7. Names and Street Addresses of Each Officer and/o	30825 US	<u> </u>	for a Certificate of Status	
Title(s)  Name of Officers  Street Address of Each Officer and/or Directors Officer and/or Director City / State / Zip				
P TURNER, JASON M 3460 ATHENA DR		****	WINTER PARK FL 32792	
310 PINE MEDDINS 20 ORLANDO F C 32825  3100040648273 08/30/0401092005 **300.00				
8. Name and Address of Current Registered Agent  Name  TURNER, JASON M  3480 ATHENA DR.  WINTER PARK FL 32792  Suite, Apt. #, Etc.  OC.  City			9. Name and Address of New Registered Agent  JANZA P.O. Box Number is Not Acceptable)  Sz. March State Zip Code FI SRZ	
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  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 filling 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 PRI	NTED NAME OF SIGNING OFFICER OR DIRE	CTOR	8/別のイ Date Daytime Phone #	





08-26-04

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Application for reinstatement for document #P02000034030 TRICO, INC.

To Whom it may concern,

Attached please find my check for \$300.00 for reinstatement. I did not receive any of the annual report notices as my address was changed. Please update your records for future correct mail delivery. If you have any questions please contact me direct at the numbers listed below.

Regards, Jason Turner President