

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -2 AM 10:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000051072

1. Corporation Name

Trinity Systems & Solutions, Inc.

REINSTATEMENT 03-04

400028064754
02/02/04--01104--020 **300.00

2. Principal Office Address

5811 Memorial Hwy

Suite, Apt. #, etc.

Suite 204

City & State

Tampa, FL

Zip

33615

Country

3. Mailing Office Address

5811 Memorial Hwy

Suite, Apt. #, etc.

Suite 204

City & State

Tampa, FL

Zip

33615

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

01-0688522

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

Roberto J. Lopez

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

13153 Royal George Ave

Suite, Apt. #, Etc.

City

Odessa

State
FL

Zip Code
33615

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

REGISTERED AGENT MUST SIGN

Date 1/26/04

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
P, T	Roberto J. Lopez	13153 Royal George Ave	Odessa, FL 33556
VP, S	Carlos M. Casola	4511 W. Jean St.	Tampa, FL 33614
VP, D	Brenda E. Santos	13153 Royal George Ave	Odessa, FL 33556

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)