

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 12 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000062335

1. Corporation Name

TRIMEDIA PARTNERS CORP.

2. Principal Office Address

1450 S. DIXIE HWY
Suite, Apt. #, etc.
101

3. Mailing Office Address

1450 S. DIXIE HWY
Suite, Apt. #, etc.
101

City & State

BOCARATON, FL

City & State

BOCA RATON FL

Zip

33432 USA

Zip

33432 USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/2002

5. FEI Number

010704922

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

GREGORY L. PAIGE

400082485324

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

1450 S. DIXIE HWY, SUITE 101

Suite, Apt. #, Etc.

SUITE 101

City

BOCA RATON

State

FL

Zip Code

33432

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

GREG PAIGE

REGISTERED AGENT MUST SIGN

Date

12-11-06

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
<u>Pres</u>	<u>GREGORY L. PAIGE</u>	<u>21819 TOWN PLACE DR.</u> <u>BOCA RATON FL</u>	<u>BOCARATON, FL 33433</u>

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 contained in Chapter 119, 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

GREGORY PAIGE, PRES.

Date

12-11-06

Daytime Phone #

5613385120

December 11, 2006

To Whom it may Concern:

I am sending a check for \$300 and the application for reinstatement of Trimedia Partners, Corporation. The final notice was returned to you as undeliverable due to a change of address.

I was informed that the \$600 fee would be waived due to the undeliverable status of the final notice.

Please expedite the reinstatement application in any way possible.

Regards,

G.L.Paige, President
Trimedia Partners Corp.