Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
TRI-STAR CUSTOM BUILDERS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$1,208.75

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FILED
10 FEB 16 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000068433

1. Corporation Name

TRI-STAR CUSTOM BUILDERS, INC.

REINSTATEMENT 07-10
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
839 PALMERMO RD	839 PALMERMO RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32216 Country: USA	Zip: 32216 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/20/2002

5. FEI Number: 331013171 ☐ 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: United States Corporation Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 13302 Winding Oaks Blvd.

Suite, Apt. #, Etc.: Suite A-100

City: Tampa, State: FL Zip Code: 33612-3425

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: _____ Jake Varghese, VP on behalf of United States Corporation Agents Date: 2/15/2010

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
PSTD	Ronald Ford	839 PALMERMO RD	JACKSONVILLE, FL 32216

10. E-mail Address: tristar4521@aol.com

(To be used for future annual report notification)

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. I further certify, 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: _____ RONALD FORD 2-5-10 904 626-3795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #