2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 30, 2009
Secretary of State

DOCUMENT# P02000086854

Entity Name: TRI - STAR LEADERSHIP, INC.

Current Principal Place of Business:

771 N.W. 167 TERRACE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

771 N.W. 167 TERRACE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 47-0883535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLON, STEVE III
777 NW 167TH TERRACE
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEVE GALLON III

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GALLON, STEVE III
Address: 777 NW 167TH TERRACE
City-St-Zip: MIAMI, FL 33169

Title: VP ( ) Delete
Name: GALLON, STEVE IV
Address: 771 N.W. 167 TERRACE
City-St-Zip: MIAMI, FL 33169

Title: 2VP ( ) Delete
Name: GALLON, KASTEVIA S
Address: 771 N.W. 167 TERRACE
City-St-Zip: MIAMI, FL 33169

Title: RS ( ) Delete
Name: PICKETT, FREDRELLETTE
Address: 1310 NW 88 ST
City-St-Zip: MIAMI, FL 33147

Title: BM ( ) Delete
Name: GALLON, VIRGINIA
Address: 771 N.W. 167 TERRACE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE GALLON III PD 09/30/2009

Electronic Signature of Signing Officer or Director Date