PLEASE:READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	Secre	PARTMENT OF STATE etary of State of Corporations		FILE 03 OCT 13 I SECRETARY (IALLAHASSEE	PH 12: 48	
DOCUMENT # P02000103278 1. Corporation Name TRIHEDRAL, INC.					wermyssee.	F-LORIDA	
	al Office Address 1 65TH STREET # etc.	3. Mailing Office A SAME Suite, Apt. #, etc.			nstate	MENT	03_
City & State		City & State		4. Date Incorporated or Qualified To Do Business in Florida 09/23/2002			
LARG ^{Zip} 33771	Country PINELLAS	Zíp	Country	5. FEI Numbe 51-04.	<u> </u>		
33771	FINCLEAG	7 Nome o	and Address of Current Beginter			for a Certificate	of Status
	7. Name and Address of Current Registered Agent Name RUSSELL COLANGELO, II						
	Street Address (P.O. Box Number is Not Accentable)				0002376	7010	
	Suite, Apt. #, Etc.				//0301101 0	004 **150	00
	city LARGO				State Zip Code FL 33778		
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 Date 10 - 9 - 0 3 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		City	/State / Zin			
	Officers and/or Directors		Officer and/or Director		City / State / Zip		
Р	RUSSELL COLANGELO II		1795 HAMPTON LANE		LARGO FL 33778		
VP	ROSEMARIE COLANGELO		1613 MADRID DR		LARGO FL 33778		
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21/0/14

October 6, 2003

Trihedral, Inc. 1795 Hampton Lane Largo FL 33778

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

To Whom It May Concern:

We are enclosing the corporation reinstatement form four our corporation Trihedral, Inc. This corporation was incorporated on September 23, 2002. We never received the 2003 annual uniform business report. We are enclosing a check in the amount of \$150.00 for this. Please remove any penalties that may exist. Thank you.

Russell Colangelo, II

Trihedral, Inc.