PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 15 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000114474

200030723682
03/18/04--01033--025 **300.00

REINSTATEMENT 03-04

1. Corporation Name
TRIANON INC

2. Principal Office Address	3. Mailing Office Address
11180 Islebrook	12773 W. Forest Hill
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 1201
City & State: Wellington, FL	City & State: Wellington FLORIDA
Zip: 33414 Country: USA	Zip: 33414 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10-24-02

5. FEI Number: 35 219 0817 — 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: John Harris

Street Address (P.O. Box Number is Not Acceptable): 12773 W. Forest Hill

Suite, Apt. #, Etc.: Suite 1201

City: WELLINGTON State: FL Zip Code: 33414

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: John Harris — REGISTERED AGENT MUST SIGN — Date: 3-10-04

CR2E081 (01/04)

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	Joli BURRELL	11180 Islebrook Ct	Wellington FL 33414

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.

561-790-2092

SIGNATURE: Joli Burrell — March 10/2004

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

January 30 2004

Florida Dept of State
Divison of Corporation
409 E Gains St
32399

Trianon Inc
35.219 0817

To whom it may concern,

I have been having trouble with my mail in Florida. I did not receive my Renewal Form. Enclosed is 150 for 2003 and 150 for 2004.

Please change my mailing address to my accountants office

Trianon Inc
c/o Harris Assoc
12773 West Forest Hill
Suite 1201
Wellington Fl 33414.

Sincerely

Jake Burrue

P02-114474

561 795.0579 FAX