

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000116755

1. Corporation Name

TRINITY PRINTING, INC.

Principal Place of Business

Mailing Address

11416 WILLOW STOWE LN
WINDERMERE FL 34786

11416 WILLOW STOWE LN
WINDERMERE FL 34786

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/2002

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	WILLETT, MICHAEL S	11416 WILLOW STOWE LN	WINDERMERE FL 34786

200025070002
11/26/03--01040--015 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLORIDA AGENT SERVICES, INC.
92 SADBERRY ROAD
QUINCY FL 32351

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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 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:

Michael S. Willett MICHAEL S. WILLETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/03

Date

407-909-1291

Daytime Phone #

CR2E040 (7/03)



Trinity Printing, Inc.

11416 Willow Stowe Lane
Windermere, FL 34786

P: 407.909.1291

F: 815.550.7408

mikwillett@aol.com

www.TrinityPrint.com

November 10, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To Whom This May Concern:

I just received the Florida Department of State Notice of Administrative Dissolution or Revocation document from my neighbor. It was delivered to the wrong address. I have NOT received the prior Uniform Business Report Notices. I suspect the reason is that I work out of my home. To correct this for the future, I have talked to our mail delivery person AND posted my company name next to my mail box.

I would respectfully request that I be relieved of the penalty for non-filing. I have enclosed check number 576 for the amount \$150.00 for my Florida Application for Reinstatement.

Sincerely,

Mike Willett
President, Trinity Printing, Inc.