2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000014396

Title:

Name:

Address:

City-St-Zip:

FILED Feb 12, 2008 Secretary of State

Entity Nai	me: TRIMWOR	KS PLUS, INC.				•	
Current Principal Place of Business:				New Principal Place of Business:			
17 BRISTO PALM CO	DL DRIVE AST, FL 32137						
Current Mailing Address:				New Mailing Address:			
	E PATRIC LANE AST, FL 32164	:					
FEI Number:		FEI Number Applied For ()	mber Applied For () FEI Number Not Applica		icable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ORTIZ, JC 17 BRISTO PALM COA		US					
The above in the State	e named entity su e of Florida.	ubmits this statement for t	he purpose c	of changing in	ts registered	d office or registered agent, or both,	
SIGNATUE	RE: JOSE E OF	RTI7 JR					
Electronic Signature of Registered Agent				Date			
Election Car	mpaign Financing `	(2)(b), F.S., the corporation di Trust Fund Contribution ().	d not receive t				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PRES () CONTIZ JR., JOSE 17 BRISTOL DRI PALM COAST, FL	VE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SECR () C ORTIZ, NINA O M 17 PRINCE PATE PALM COAST, FL	RIC LANE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () CONTIZ, JOEL MO 27 BOXWOOD LA PALM COAST. FL			Title: Name: Address: City-St-Zip:	VP PEREZ, ALI 2 WELLSTO PALM COAS		

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.

Title:

Name:

Address:

City-St-Zip:

TRES

ORTIZ, STEVEN J

18 PRTICHARD DRIVE

PALM COAST, FL 32164

() Change (X) Addition

SIGNATURE: JOSE E. ORTIZ JR. PRES 02/12/2008

() Delete