

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000017456**

1. Entity Name  
TRINITY DYNAMIC DETAIL & AUTO BROKERS, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 31 PM 2:22

Principal Place of Business  
724 CARTER ROAD  
WINTER GARDEN, FL 34787

Mailing Address  
724 CARTER ROAD  
WINTER GARDEN, FL 34787

**REINSTATEMENT 04-05**



2. Principal Place of Business

3. Mailing Address

05232005 REIN-P CR2E098 (6/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2390964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

WHITMORE, MAURICE  
4717 OAKS DRIVE  
ORLANDO, FL 32818

7. Name and Address of New Registered Agent

Name

Wendell Coates

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

1117 Pointe Nellie Dr

City

Clermont

FL

Zip Code  
34711

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Wendell Coates*

Wendell Coates

5/24/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WHITMORE, MAURICE  
4717 OAKS DRIVE  
ORLANDO, FL 32818 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
COATS, WENDELL  
625 E BAY COVE  
WINTER GARDEN, FL 34787 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Coates, Wendell  
1117 Pointe, Nellie Dr  
Clermont, FL 34711 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600055532056  
05/31/05--01065--004 \*\*\*300.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Wendell Coates*

Wendell Coates

5/24/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #