

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000081227

1. Corporation Name

Alan Trigg, Inc.

2. Principal Office Address - No P.O. Box #

305 N.E. 2nd Ave

3. Mailing Office Address

6813 Pradera Dr.

Suite, Apt. #, etc.

Suite Apt. #, etc.

City & State

Delray Beach, FL

City & State

Boca Raton, FL

Zip

33444

Country

USA

Zip

33433

Country

USA

7. Name and Address of Current Registered Agent

Name

Alan Trigg

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

6813 Pradera Dr.

Suite, Apt. #, Etc.

City

Boca Raton

State
FLZip Code
33433

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0535 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 08/18/09

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	Alan Trigg	6813 Pradera Dr.	Boca Raton, FL 33483

REINSTATEMENT

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/18/09

Date

Daytime Phone #

FILED

09 AUG 21 AM 7:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500159806965

08/21/09--01032--008 **600.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 07/23/035. FEI Number
56-2382802

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.