


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000116732		
1. Entity Name TRISTORYMAN, INC.		

FILED

05 APR 20 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04152005 REIN-P CR2E098 (6/04)

Principal Place of Business 600 OAK AVENUE SANFORD, FL 32771	Mailing Address 600 OAK AVENUE SANFORD, FL 32771
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2. Principal Place of Business 2201 SE 15th Ave Suite, Apt. #, etc.	3. Mailing Address 2201 SE 15th Ave Suite, Apt. #, etc.
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City & State CAPE CORAL	City & State CAPE CORAL	4. FEI Number 16-1686761	Applied For <input type="checkbox"/> Not Applicable
Zip 33990	Country LEE	Zip 33990	Country LEE

6. Name and Address of Current Registered Agent LOAR, LACY K 600 OAK AVENUE SANFORD, FL 32771		7. Name and Address of New Registered Agent Name BOBBY E. STORY Street Address (P.O. Box Number is Not Acceptable) 2201 SE 15th Ave City CAPE CORAL FL Zip Code 33990	
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOAR, LACY K 600 OAK AVENUE SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOBBY E STORY 2201 SE 15th Ave CAPE CORAL, FL 33990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHAWN M. EBERLY 2201 SE 15th Ave CAPE CORAL, FL 33990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400054223204 05/10/05--01078--016 **\$08.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04 954-363-4724  
Date Daytime Phone #

BOBBY E. STORY