
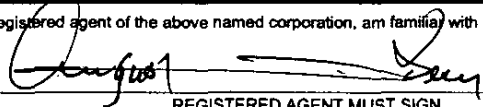
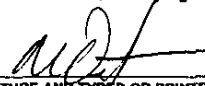


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04 000003693			
1. Corporation Name TRILUCAN SYSTEMS, INC.			
2. Principal Office Address 10001 TIKIMBER LN.		3. Mailing Office Address 3715 PEARCE PIPE DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL.		City & State ORLANDO, FL.	
Zip 32825	Country LISA	Zip 32829	Country LISA
4. Date Incorporated or Qualified To Do Business in Florida JANUARY 1, 2004		5. FEI Number 56-2440535	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
		S8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name AUGUSTINE D. BECK			
Street Address (P.O. Box Number is Not Acceptable) 3715 PEARCE PIPE DR.			
Suite, Apt. #, Etc.			
City ORLANDO		State FL	Zip Code 32829
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Date OCTOBER 11, 2006	
REGISTERED AGENT MUST SIGN			
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	MARSHALL ORTIZ	10001 TIKIMBER LN.	ORLANDO, FL 32825
VP	AUGUSTINE D. BECK	3715 PEARCE PIPE DR.	ORLANDO, FL 32829
S/T	ENID C. BECK	3715 PEARCE PIPE DR.	ORLANDO, FL 32829
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:  MARSHALL ORTIZ 10/11/06 (407) 620-1445			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

B. Mitchell OCT 17 2006