

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 30 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2005

CR2E081 (8/05)

DOCUMENT # **PO4000047337**

1. Corporation Name

Trinity Sterile, Inc.

2. Principal Office Address

241 Upland Road

Suite, Apt. #, etc.

3. Mailing Office Address

201 Kiley Drive

Suite, Apt. #, etc.

City & State

West Grove, PA

Zip

19390

Country

USA

City & State

Salisbury, MD

Zip

21801

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/16/04

5. FEI Number

20-0897529

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lisa R. Weiss

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

86 Ladoga Avenue

Suite, Apt. #, Etc.

200064518092

01725706--01037--014 **150.00

City

Tampa

State

FL

Zip Code

33606

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

Lisa R. Weiss

Date 12-29-05

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	Abrar Solatch	1512 West Chester Pike, #122	West Chester, PA 19382
VST	Donald Taylor	241 Upland Road	West Grove, PA 19390

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 under section 119.07(3)(i), 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:

Lisa R. Weiss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-05

Date

410-860-5123

Daytime Phone #

Abrar Solatch

6103440993

p. 1

2/2

Trinity Sterile Inc

201 Kiley Drive

Salisbury, MD 21801

Phone: 410-860-5123

Fax : 410-680-2913

December 29, 2005

Florida Department of State
Division of Corporations
Attn: Katrina
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Corporate Reinstatement

Dear Katrina:

Please find enclosed a copy of our corporate reinstatement form along with a check in the amount of \$150.00.

During 2005 we didn't receive a copy of this form as it was sent to the 241 Upland Road address. We have changed the mailing address on the reinstatement form to the business address for Trinity Sterile. We would really appreciate it if you could try to get this information updated on Friday, December 30, 2005. We have a bank closing on Tuesday, January 3, 2006 and the bank must see our corporate charter status as active. We will be filing our 2006 form online next week.

Should you need any further information, you can contact me directly at (410) 860-5123. Thank you in advance for your assistance in this matter.

Sincerely yours,



Abrar Solatch
PRESIDENT