

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 DEC 20 PM 4: 02

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

TRITIMAT, INC.  
PO4000156414

2. Principal Office Address

3535 SE MARICAMP RD #1001

Suite, Apt. #, etc.

#1001

City & State

Ocala FL

Zip

34471

Country

MARION

3. Mailing Office Address

3535 SE MARICAMP RD #1001

Suite, Apt. #, etc.

#1001

City & State

Ocala FL

Zip

34471

Country

MARION

4. Date Incorporated or Qualified  
To Do Business in Florida

11-16-04

5. FEI Number

20-1927336

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

JOSEPH CRUBB

600082682156

12/20/06--01049--004 \*\*300.00

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

3535 SE MARICAMP RD

Suite, Apt. #, Etc.

1001

City

Ocala FL 34471

State

FL

Zip Code

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

*Joseph Crubb*

REGISTERED AGENT MUST SIGN

Date

12/18/06

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
D	JOSEPH CRUBB	3535 SE MARICAMP RD	Ocala, FL 34471
	12/12/20		

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

Date

12/18/06

Daytime Phone #

December 18, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Reinstatement of TRITIMAT, INC.

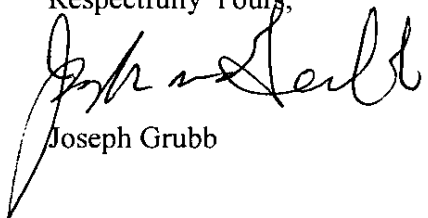
To Whom It May Concern:

Enclosed is a check in the amount of \$300.00. This is to cover the cost of the Annual Report for 2005 and 2006.

We have not received your annual report notices and were unaware our corporation was showing inactive until we recently visited your web-site. We contacted your reinstatement office for suggestions after we attempted to reinstate online and we were instructed to send the enclosed amount to the address above and we would be reinstated.

Please waive any late fees that have we may have incurred.

Respectfully Yours,



Joseph Grubb