

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 28 AM 9:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**500163977005
12/28/09--01034--013 **300.00**

CR2E081 (10/09)

DOCUMENT # **POS 0000 9511**

1. Corporation Name

Trinity Coastal Mortgage, Inc

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

2416 Kokomo Way

Suite, Apt. #, etc.

3. Mailing Office Address

13446 Monterey Street

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

7-14-2005

5. FEI Number

203149137

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 additional Fee required
for a Certificate of Status

City & State

New Port Richey, Florida

Zip

Country

34655

Pasco

City & State

Spring Hill, Florida

Zip

Country

34609

Hernando

7. Name and Address of Current Registered Agent

Name

Keith D. Cornelius

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

13446 Monterey Street

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34609



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.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of
Registered Agent

Keith D. Cornelius

Date

11-4-09

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	Alan D. Binko	2416 Kokomo Way	New Port Richey, Fl. 34655
VP	Keith D. Cornelius	13446 Monterey Street	Spring Hill, Fl. 34609

REINSTATEMENT

RH

10. E-mail Address: **kcornelius37@aol.com**

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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:

Keith D. Cornelius

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-4-09

Daytime Phone#