

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 31 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000141419

1. Corporation Name

POWER OF TRINITY INVESTMENT, INC

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

3091 NORTH COURSE DR

Suite, Apt. #, etc.

UNIT 608

City & State

POMPANO BEACH, FL

Zip

33069

Country

USA

3. Mailing Office Address

3091 NORTH COURSE DR

Suite, Apt. #, etc.

UNIT 608

City & State

POMPANO BEACH, FL

Zip

POMPANO BEACH

Country

USA

800164083978
12/31/09--01032--007 **150.00
REINSTATEMENT 09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
203793398

☐ 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

SOLNER DHAITY

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

3091 NORTH COURSE DR

Suite, Apt. #, Etc.

UNIT 608

City

POMPANO BEACH, FL

State

FL

Zip Code

POMPANO BEACH

☒ 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 617.0503, F.S.

Signature of
Registered Agent

Date 12/29/2009

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 |
|--------|--------------------------------------|---|-------------------------|
| PTSD | SOLNER DHAITY | 3091 NORTH COURSE DR | POMPANO BEACH, FL 33069 |
| | | | |
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| | | | |
| | | | |
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10. E-mail Address:

(To be used for future annual report notification)

11. 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, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/09

Daytime Phone #

12/31/09