

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000150106

1. Corporation Name

TRIO FASHIONS INC

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

5851 HOLMBERG RD

Suite, Apt. #, etc

2112

City & State

PARKLAND, FLORIDA

Zip

33067

Country

BROWARD

3. Mailing Office Address

5851 HOLMBERG RD

Suite, Apt. #, etc

2112

City & State

PARKLAND, FLORIDA

Zip

33067

Country

BROWARD

7. Name and Address of Current Registered Agent

Name

RICHARD KIM

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

5851 HOLMBERG RD

Suite, Apt. #, Etc

2112

City

PARKLAND

State

FL

Zip Code

33067

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

REGISTERED AGENT MUST SIGN

Date **11/15/2009**

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	RICHARD KIM	5851 HOLMBERG RD #2112	PARKLAND, FL 33067

10. E-mail Address: **minbae@comcast.net**

(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:

RICHARD KIM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/2009 (954) 618-9918

Date

Daytime Phone #

FILED

09 NOV 20 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-09

900162985999

11/20/09--01021--017 **600.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/2005

5. FEI Number

20-3791522

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.