

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000086479

Entity Name: TREFIVE INC.

**FILED**  
**Oct 28, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

1093 SW 134TH CT  
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

1093 SW 134TH CT  
MIAMI, FL 33184

**New Mailing Address:**

FEI Number: 14-1968829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALLEIRO, JOEL  
1093 SW 134TH CT  
MIAMI, FL 33184 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOEL CALLEIRO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CALLEIRO, JOEL  
Address: 1093 SW 134TH CT  
City-St-Zip: MIAMI, FL 33184

Title: D ( ) Delete  
Name: CALLEIRO, JASON  
Address: 1093 SW 134TH CT  
City-St-Zip: MIAMI, FL 33184

Title: D ( ) Delete  
Name: PEREIRA, ERIC  
Address: 17335 SW 283 STREET  
City-St-Zip: HOMESTEAD, FL 33030

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL CALLEIRO

D

10/28/2007

Electronic Signature of Signing Officer or Director

Date