


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000149100		
1. Entity Name TRINITY INDUSTRIAL TOOLS INC		

Principal Place of Business 1745 PINK GUARA CT TRINITY, FL 34655	Mailing Address 1745 PINK GUARA CT TRINITY, FL 34655
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
SAVIC, DON D 1745 PINK GUARA CT TRINITY, FL 34655	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAVIC, DON D 1745 PINK GUARA CT TRINITY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300110508149 10/10/07--01055--009 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAVIC, DAVID 1745 PINK GUARA CT TRINITY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$710/22 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAVIC, SUZANA 1745 PINK GUARA CT TRINITY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000111278260 10/24/07--01009--016 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: 	10-5-2007 727-505-1244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

FILED
07 OCT 19 PM 3:37
CLERK OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
10092007 07 OCT 19 PM 3:37 07

4. FEI Number 11-3800838	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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SAVIC, DON D 1745 PINK GUARA CT TRINITY, FL 34655	

7. Name and Address of New Registered Agent	
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