

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000014077

1. Entity Name
TRIP COMMUNICATIONS, INC.



FILED

2008 DEC 24 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~921 WOODBRIDGE CT.~~
~~SAFETY HARBOR, FL 34695~~

~~921 WOODBRIDGE CT.~~
~~SAFETY HARBOR, FL 34695~~

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

611 DRUID ROAD EAST 611 DRUID ROAD EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 710 SUITE 710

City & State

City & State

CLEARWATER, FL CLEARWATER, FL

Zip

Country

Zip

Country

33756

PINELLAS

33756

PINELLAS

12192008

REIN-P

CR2E098 (1/07)

4. FEI Number

02-0798738

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTAGNA, EDWARD C JR
611 DRUID RD. EAST, SUITE 710
CLEARWATER, FL 33756

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME CASTAGNA, EDWARD C III
STREET ADDRESS 921 WOODBRIDGE CT.
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE PRESIDENT
NAME EDWARD C. CASTAGNA III
STREET ADDRESS 921 WOODBRIDGE COURT
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D, S, T
NAME EDWARD C. CASTAGNA, JR.
STREET ADDRESS 611 DRUID ROAD EAST, SUITE 710
CITY-ST-ZIP CLEARWATER, FL 33756

TITLE
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CITY-ST-ZIP

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD C. CASTAGNA, JR

DIRECTOR

12/19/08 (727) 446 6694

Date Daytime Phone