

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000041657 1. Entity Name TRINITY OPEN SOLUTIONS CORP.						FILED 09 APR 30 AM 9:06 SECRETARY OF STATE 500 ALFONSE FLORES 04/30/09--01022--003 **308.75 	
Principal Place of Business 12611 SW 123RD TERRACE MIAMI, FL 33186				Mailing Address 12611 SW 123RD TERRACE MIAMI, FL 33186			
2. Principal Place of Business - No P.O. Box # 12998 SW 133RD TERRACE		3. Mailing Address 12998 SW 133RD TERRACE		03302009 REIN-P CR2E098 (1/07) 4. FEI Number 20-8878778 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Miami, FL		City & State Miami, FL					
Zip 33186		Country USA		Zip 33186		Country USA	
6. Name and Address of Current Registered Agent OTERO, OSWALDO 12611 SW 123RD TERRACE MIAMI, FL 33186				7. Name and Address of New Registered Agent Name OTERO, OSWALDO Street Address (P.O. Box Number is Not Acceptable) 12998 SW 133RD TERRACE City Miami FL Zip Code 33186			
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 <u>Oswaldo Otero, President</u> 03/30/09 <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	PSD OTERO, OSWALDO <input type="checkbox"/> Delete 12611 SW 123RD TERRACE MIAMI, FL 33186			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD OTERO, OSWALDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12998 SW 133RD TERRACE MIAMI, FL 33186		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD CARDONA, ANA MARIA <input type="checkbox"/> Delete 12611 SW 123RD TERRACE MIAMI, FL 33186			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD CARDONA, ANA MARIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12998 SW 133RD TERRACE MIAMI, FL 33186		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
REINSTATEMENT RH							
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 a red cross, with all other like empowered.							
SIGNATURE: Oswaldo Otero <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				03/30/09 (305) 562-8628 <small>Date Daytime Phone #</small>			