## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000061574

Entity Name: TRI STAR HOLDINGS GROUP, INC.

FILED Jan 29, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1420 NW 23 AVE 6499 N POWERLINE RD

FT LAUDERDALE, FL 33311 SUITE 201

FT LAUDERDALE, FL 33309

**Current Mailing Address: New Mailing Address:** 

6499 N POWERLINE RD 1420 NW 23 AVE

FT LAUDERDALE, FL 33311 SUITE 201

FT LAUDERDALE, FL 33309

FEI Number: 20-3348653 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

MELLONE, ANTONIO MELLONE, ANTONIO 6499 N POWERLINE RD. 1420 NW 23 AVE

FT LAUDERDALE, FL 33311 US SUITE 201 FT LAUDERDALE, FL 33309 US

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: ANTHONY MELLONE 01/29/2009 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 ( ). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

FT. LAUDERDALE, FL 33311

Title:

City-St-Zip:

(X) Change ( ) Addition CFO () Delete Title:

MELLONE, ANTONIO MATTEIS, PHILLIP M Name: Name: 1420 NW 23 AVE 8000 COIT RD, BLD. 300 SUITE 445 Address: Address:

City-St-Zip: FT LAUDERDALE, FL 33311 City-St-Zip: PLANO, TX 75025

Title: Title: ( ) Delete (X) Change ( ) Addition YAMIN, DONNA Name: Name: COHEN, STEVEN

1420 NW 23 AVE 7485 GLENDEVON Address: Address: FT LAUDERDALE, FL 33311 DELRAY BEACH, FL 33446 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

THERESIAS, MARCKENSIE Name: Name: 1420 NW 23 AVE Address: Address:

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.

City-St-Zip:

SIGNATURE: STEVEN M COHEN 01/29/2009 S