

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 12 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000102940

1. Corporation Name

Trinity Cleaning Services, Inc

REINSTATEMENT 08-10

100171999921
03/12/10--01024--003 **458.78

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
1033 Tawny Eagle Drive

3. Mailing Office Address
1033 Tawny Eagle Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Groveland, Florida

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Groveland, Florida

Zip Country
34736 USA

Zip Country
34736 USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/17/2007

5. FEI Number
83-0494118

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Metra L. Williams

Street Address (P.O. Box Number is Not Acceptable)
1033 Tawny Eagle Drive

Suite, Apt. #, Etc.

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

City State Zip Code
Groveland FL 34736

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 3/9/10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Metra L. Williams	1033 Tawny Eagle Drive	Groveland, Florida 34736

cc 3/15

10. E-mail Address: MetraVictor@yahoo.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #