

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2023 MAY -8 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FL

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05/08/23--01007--019 **1500.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P17000009985

1. Corporation Name
Tri Lateral Exchange Corp

2. Principal Office Address - No P.O. Box # 9910 Westwood Drive Suite, Apt. #, etc.		3. Mailing Office Address 9910 Westwood Drive Suite, Apt. #, etc.	
City & State Tamarac, FL 33321		City & State Tamarac, FL 33321	
Zip 33321	Country U.S.A.	Zip 33321	Country U.S.A.

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
1/30/2017

5. FEI Number
81-5270009

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

7. Name and Address of Current Registered Agent

Name
Daniel Le Bron

Street Address (P.O. Box Number is Not Acceptable)
9910 Westwood Drive

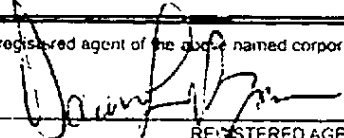
Suite, Apt. #, Etc.

City
Tamarac

State
FL

Zip Code
33321

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  REGISTERED AGENT MUST SIGN

Date
5/08/2023

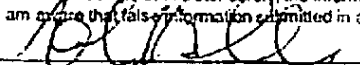
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Pauline J Pearlman	9910 Westwood Drive	Tamarac, FL 33321
CEO	Daniel Le Bron	9910 Westwood Drive	Tamarac, FL 33321

Reinstatement 18-23
PL

10. E-mail Address: pauline.p2454@gmail.com

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  Pauline J Pearlman

Date
5/08/2023

(561)821-0209