

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN 20 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P920000 12570*

1. Corporation Name
TRY my Corp.

700006269977--5
-07/09/02--01021--008
****150.00 ****150.00

2. Principal Office Address <i>2003 Harrison St</i>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Hollywood FL</i>		City & State	
Zip <i>33020</i>	Country <i>USA</i>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <i>65-0385248</i>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <i>Phonethip Vaz</i>		700006269977--5	
Street Address (P.O. Box Number is Not Acceptable) <i>2003 Harrison St</i>		-07/09/02--01021--009	
Suite, Apt. #, Etc.		****758.75 ****758.75	
City <i>Hollywood</i>	State FL	Zip Code <i>33020</i>	

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 *06/19/2002*
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
<i>Ps</i>	<i>Phonethip Vaz</i>	<i>2003 Harrison St</i>	<i>Hollywood FL 33020</i>
<i>VT</i>	<i>Andrew Vaz</i>	<i>2003 Harrison St</i>	<i>Hollywood FL 33020</i>

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. 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 # _____

CR2E081 (9/00)