

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

01 JUN -5 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700004416867-5  
-06/13/01-01009-019  
\*\*\*3176.25 \*\*\*1058.75

DOCUMENT # P 94000007706

1. Corporation Name

TRINITY MANAGEMENT CORPORATION

2. Principal Office Address

8375 Dix Ellis Trail

3. Mailing Office Address

- same -

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32256

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/24/94

5. FEI Number

59-3218946

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

John E. Cook

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

8375 Dix Ellis Trail

Suite, Apt. #, Etc.

Suite 203

City

Jacksonville

State

FL

Zip Code

32256

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

John E. Cook

REGISTERED AGENT MUST SIGN

Date 5/24/01

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
D/P	Park L. Beeler	8375 Dix Ellis Tr, suite 203	Jacksonville, FL 32256
D/VP/ RA	John E. Cook	same	same

REINSTATEMENT 99-01

mw

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)(f), 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:

PARK L. BEELER

Park L. Beeler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/01

Date

(904) 363-1384

Daytime Phone #

CRCE081 (9/00)



UCC FILING & SEARCH SERVICES, INC.  
526 East Park Avenue  
Tallahassee, Florida 32301  
(850) 681-6528

**HOLD**  
FOR PICKUP BY  
UCC SERVICES  
OFFICE USE ONLY

June 5, 2001

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Trinity Management Corporation

**Filing Evidence**

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☒ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

RECEIVED  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
JUN -5 AM 10:03  
OFFICE OF FILING

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input checked="" type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other