


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 11 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002-703
115P

DOCUMENT # **P94000014032**

1. Corporation Name
TRIAM ENTERPRISES, INC.

700015746837
04/11/03--01013--022 **300.00

0203

2. Principal Office Address 4427 NW 97CT		3. Mailing Office Address 4427 NW 97CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33178	Country USA	Zip 33178	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **02/21/1994**

5. FEI Number **65-0512891**

Applied For	
Not Applicable	

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **RICHARD C. PEÑA, PA**

Street Address (P.O. Box Number is Not Acceptable)
1665 PALM BEACH LAKES BLVD

Suite, Apt. #, Etc. **1000**

City **WEST PALM BEACH,** State **FL** Zip Code **33401**

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 *Richard C. Peña* Date **4/1/2003**

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	AISHA Y. ELLZEY	4427 NW 97CT	MIAMI, FL 33178
V	LESLIE D. ELLZEY	4427 NW 97CT	MIAMI, FL 33178

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)(i), 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: **AISHA Y. ELLZEY, PRES.** Date **4/1/03** 305-812-0164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

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20fz

Triam Enterprises, Inc.
4427 NW 97 CT
Miami, FL 33178

FEI 650512891
P94000014032

State of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

April 1, 2003

To Whom It May Concern:

I am enclosing check in the amount of \$300.00 to cover the reinstatement fees for the above corporation. The corporation moved from 6345 Collins Ave. #1036 Miami Beach, FL 33141 and the 2002 Application was never received.

I do apologize for this oversight and request your reinstating same as per the application enclosed.

Should you need additional information, please contact me at your convenience at the above address or at the following phones:

305 812-0164 PH, 305 593-2144 Fax, email: ayellzey@yahoo.com

Thank you for your assistance in this important matter.

Respectfully yours,



Aisha Y. Elzey
Triam Enterprises, Inc.
President