

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -3 PM 12:10

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000029416

1. Corporation Name

TRI-D Enterprises, Inc

2. Principal Office Address

2497 N Hwy 441

Suite, Apt. #, etc.

City & State

Lake City FL

Zip

32055

Country

USA

3. Mailing Office Address

PO Box 767

Suite, Apt. #, etc.

City & State

Lake City FL

Zip

32056

Country

USA

REINSTATEMENT 03-04

8/02/04 21041 005 600.00

4. Date Incorporated or Qualified
To Do Business in Florida

4/1/1994

5. FEI Number

59-3312838

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

Raymond H DePratter

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

2497 N Hwy 441

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32055

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

Raymond H DePratter

Date 11/1/04

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
D	Raymond H DePratter	2497 N Hwy 441 2497	Lake City FL 32055
D	Charles M DePratter	2497 N Hwy 441	Lake City FL 32055
			600042755296 11/15/04 01074 013 **300.00

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:

Raymond H DePratter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/04
Date

386-961-6360
Daytime Phone #

CR2E081 (01/04)

11/9/04