

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -8 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000075584

1. Corporation Name

TRIO REALTY, INC.

501 N. Orlando Avenue
501 N. Orlando Avenue

2. Principal Office Address

501 N. Orlando Avenue

Suite, Apt. #, etc.

Suite 313-331

City & State

Winter Park, FL

Zip

32789

Country

Orange

3. Mailing Office Address

501 N. Orlando Avenue

Suite, Apt. #, etc.

Suite 313-331

City & State

Winter Park, FL

Zip

32789

Country

Orange

4. Date Incorporated or Qualified

To Do Business in Florida 10/14/1994

5. FEI Number

59-3276955

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

Rosalie E. McMasters

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

710 Killarney Bay Court

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

100041715171

10/08/04 01036 008 **1350.00

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

9/30/04

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	Rosalie E. McMasters	710 Killarney Bay Court	Winter Park, FL 32789

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/30/04 707 342-8880

CR2E081 (01/04)