

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 NOV -6 PM 12:09

DOCUMENT # **994000093302**

1. Corporation Name

TRI-STAR CAPITAL CORPORATION

untd
11/6

Principal Place of Business

Mailing Address

**28163 U.S. 19 NORTH Suite #302
 CLEARWATER, FLORIDA 33761**

REINSTATEMENT 96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/23/94

5. FEI Number

59-3287234

Applied For
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S	Michelle M. Ryzawicz	2026 Bonnie Avenue	Palm Harbor, FL 34683
M/T	FRANK BRIGLIADORA	10328 LIGHTNER BRIDGE DR.	TAMPA, FL 33626-1809

**4000002944634--3
 -11/12/97--01073--006
 ***\$15.00 ***\$15.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Michelle M ASHFIELD
 132 10th AVE N. #102
 SAFETY HARBOR, FL 34695**

Name **FRANK BRIGLIADORA**
 Street Address (P.O. Box Number is Not Acceptable)
28163 U.S. 19 North suite # 302
 Suite, Apt. #, Etc. **Suite #302**
 City **CLEARWATER** State **FL** Zip Code **33761**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Frank Brigliadora

REGISTERED AGENT MUST SIGN

Date

11/5/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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: *Frank Brigliadora* **FRANK BRIGLIADORA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/97
 Date

813-725-4811
 Daytime Phone #

CP25040 (1-2-96)