

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC 14 AM 9:29																													
DOCUMENT # P 95000023199																																	
1. Corporation Name TRINITY ELECTRICAL CONTRACTORS, INC.																																	
2. Principal Office Address 6900 SW 21st COURT Suite, Apt. #, etc. SUITE #1 City & State DAVIE, FLORIDA Zip 33317 Country U.S.		3. Mailing Office Address 6900 SW 21st COURT Suite, Apt. #, etc. SUITE #1 City & State DAVIOE, FLORIDA Zip 33317 Country U.S.		4. Date Incorporated or Qualified To Do Business in Florida 1995- 5. FEI Number 65-0608173 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent Name BARBARA THOMAS Street Address (P.O. Box Number is Not Acceptable) 6900 SW 21st COURT Suite, Apt. #, Etc. SUITE #1 City DAVIE State FL Zip Code 33317																																	
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 <i>Barbara N Thomas</i> Date 12/10/01 REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>P</td><td>BARBARA THOMAS</td><td>6900 SW 21st COURT</td><td>DAVIE, FL. 33317</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	BARBARA THOMAS	6900 SW 21st COURT	DAVIE, FL. 33317																				
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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. <i>Barbara N Thomas</i> SIGNATURE: B. THOMAS Date 12/10/01 954-474-4172 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #																																	

TRINITY ELECTRICAL CONTRACTORS Inc.

6900 SW 21 CT.
Suite 1
Ft. Lauderdale, Fla. 33324
USA

Phone 954-474-4172
Fax 954-764-4578

12/10/01

Florida Department of State:

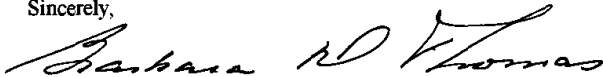
Corporation reinstatement FEI ID: 65-0488795

To whom it may concern:

This company moved it's office and the mail failed to forward to us. When I called the Department I was instructed to write a letter explaining the facts and request reinstatement at the original cost.

Please reinstate our company as per the attached request.

Sincerely,



Barbara Thomas, President