

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 9 AM 8:33

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 950000 87720**

1. Corporation Name

Tri-Soundance Corporation, Inc.

REINSTATEMENT 09-11

OC 3/10

900197303909
03/09/11--01032--016 **1050.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

439 South Florida Ave

3. Mailing Office Address

P.O. Box 830

Suite, Apt. #, etc.

suite #201

Suite, Apt. #, etc.

City & State

Lakeland, FL.

City & State

Lakeland, FL.

Zip

33801

Country

USA

Zip

33802

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-14-1995

5. FEI Number

59-334 3307

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

Martin, Brent C.

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

140 East Christian Blvd.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

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

[Signature]

Brent C. Martin

Date

3-7-2011

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/O	Caswell, John F. Jr.	430 Lowe Palm Drive	Lakeland, FL. 33815
V/O	Sebring, Phillip T.	241 Howard Ave	Lakeland, FL 33815
S/R/O	Martin, Brent C.	140 East Christian Blvd.	Lakeland, FL. 33813
V/O	Hodge, Monton I.	4118 West Barcelona	Tampa, FL. 33629

10. E-mail Address: **Bmartin@Jefferson-Allsopp.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, 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 am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

Brent C. Martin

3-7-2011

Date

863-688-7671

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR