


2007 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P95000088745 | |  |
| 1. Entity Name TRINITY WAREHOUSING, INC. | | |

FILED
07 MAY 30 AM 11:03

STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT CR2E098 06-07

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| Principal Place of Business 2156 NORTHEAST 25TH STREET FT. LAUDERDALE, FL 33305-1530 | Mailing Address 2156 NORTHEAST 25TH STREET FT. LAUDERDALE, FL 33305-1530 |
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| 2. Principal Place of Business - No P.O. Box # 2156 NE 25 ST. Suite, Apt. #, etc. | 3. Mailing Address PO Box 24454 Suite, Apt. #, etc. |
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| City & State FT. LAUDERDALE FL | City & State FT. LAUDERDALE FL |
| Zip 33305 | Country GROWARD |
| Zip 33307 | Country GROWARD |

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| 4. FEI Number 65-0636743 | Applied For <input type="checkbox"/> Not Applicable |
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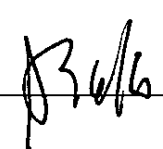
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BORKENHAGEN, BRUCE 2156 NORTHEAST 25TH ST. FT. LAUDERDALE, FL 33305-1530 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  | Bruce Borkenhagen 5/22/07 |

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| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO BORKENHAGEN, JANET 1380 WEST WISCONSIN AVE #315 OCONOMOWOC, WI 53066 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500104255315 06/12/07--01012--011 **308.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | |
| SIGNATURE:  JANET BORKENHAGEN | 5/24/07 954-566-6620 |