

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

98 MAY 21 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000091783**

1. Corporation Name **TRI-COUNTY CORP + CORE INC.**

Principal Place of Business **4840 NE 8AVE  
FT. LAUDERDALE FL.  
33334**

Mailing Address

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

**95**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Dec 4**

City & State

City & State

5. FEI Number

Applied For

**65-0631083**

Not Applicable

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Mrs	Kimberly Aoke	4840 NE 8AVE	FT LAUD FL 33334
vice	Jerry Valentine	920 N.W. 67 AVE	MARGATE FL 33063

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**- Gerald Valentine  
920 N.W. 67 AVE  
MARGATE FL 33063**

Name

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

**700002537647--9**

Suite, Apt. #, Etc.

**-05/27/98--01104--017**

City

**\*\*\*900.00**

**\*\*\*900.00**

State Zip Code

**FL**

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

**Gerald Valentine**  
REGISTERED AGENT MUST SIGN

Date **- 5-18-98**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

**Gerald Valentine**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-18-98 954-776-171**

Date Daytime Phone #

**776-1717**

042E040 (1-98)