

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000002038

1. Corporation Name

Trimendless, Inc

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

120 NW 20th Street

Suite, Apt. #, etc.

C/ Edward Wollstein

City & State

Boca Raton

Zip
FL

Country

33431

3. Mailing Office Address

3030 Castle Pines Drive

Suite, Apt. #, etc.

City & State

Duluth

Zip
GA

Country

30097

FILED

10 MAR 11 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900171867519

03/11/10--01025-002 **2100.00
CROSS (1/09)

REINSTATEMENT

21-12

4. Date Incorporated or Qualified
To Do Business in Florida

1/5/1996

5. FEI Number
65-0638373

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

Edward Wollstein

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

190 NW 20th Street

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 3/12/10

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
D	Edward Wollstein	3030 Castle Pines Drive	Duluth, GA 30097
D	Cynthia wollstein	3030 Castle Pines Drive	Duluth, GA 30097

10. E-mail Address: bbfabrics@bellsouth.net

(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., 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.

SIGNATURE:

Edward Wollstein

3/11/10

678-4730243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #