

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

YBR

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02 DEC 16 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000041187

1. Corporation Name  
TRICOR INDUSTRIAL CORP.

2002

Principal Place of Business Mailing Address  
3465 FOX HOLLOW DR 3465 FOX HOLLOW DR  
ORLANDO FL 32829 ORLANDO FL 32829



06/13/02 90382 040 \$15000

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		05/08/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State		City & State		59-3376288		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DUGAN, JOHN	3465 FOX HOLLOW DR	ORLANDO FL

400009520324  
12/16/02--01036--022 \*\*400.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DUGAN, JOHN P 3465 FOX HOLLOW DR ORLANDO FL 32829		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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. or 617.0505, F.S.

Signature of Registered Agent: *John P. Dugan* **SIGNATURE REQUIRED** Date: 12-12-02  
REGISTERED AGENT MUST SIGN

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 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: *John P. Dugan* **SIGNATURE REQUIRED** Date: 12-12-02 Daytime Phone #: 407-249-0545  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)

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**TRICOR INDUSTRIAL CORP.**

3465 Fox Hollow Drive  
Orlando, Florida 32829

Phone 407-249-0895  
Fax 407-281-6854

December 09, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

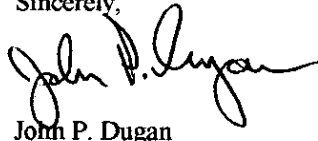
Dear Sir/Madam,

I have received notice of your Administrative Dissolution of TRICOR Industrial Corp., 3465 Fox Hollow Drive, Orlando, FL 32829. Please be advised I had sent a check in the amount of one hundred and fifty dollars, dated on June 2, 2002. I had assumed that I had satisfactorily complied with all regulations, and have received nothing in the way of notice that I had not, until I received the Notice of Dissolution.

I am enclosing a check in the amount of four hundred dollars, and request that the penalties be waived, and that TRICOR be reinstated as a corporation.

Thank you in advance for your time and consideration in this matter.

Sincerely,



John P. Dugan