PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 NOV -6 AM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000057463

1. Corporation Name
Tri Pro, Inc.

REINSTATEMENT

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7 Avenue De La Mer	7 Avenue De La Mer
Suite, Apt. #, etc.: Unit 306	Suite, Apt. #, etc.: Unit 306
City & State: Palm Coast, FL	City & State: Palm Coast, FL
Zip: 32137 Country: USA	Zip: 32137 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/03/1996

5. FEI Number: 41-1848059 ☐ 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: James J. Weinert

Street Address (P.O. Box Number is Not Acceptable): 7 Avenue De La Mer

Suite, Apt. #, Etc.: Unit 306

City: Palm Coast State: FL Zip Code: 32137

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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: James J. Weinert
REGISTERED AGENT MUST SIGN

Date: 10/23/12

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
Pres/ Sec/	James J. Weinert	7 Avenue De La Mer, Unit 306	Palm Coast, FL 32137
Treas/ Director			

10. E-mail Address: gail.partlow@leonard.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: James J. Weinert 10/23/12 386-446-2022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BL Williams NOV - 6 2012