PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088026

1. Corporation Name
TRI-STAR DEVELOPMENT OF JACKSONVILLE, INC.

REINSTATEMENT 01-04

2. Principal Office Address	3. Mailing Office Address
9428 BAYMEADOWS RD.	9428 BAYMEADOWS RD
Suite, Apt. #, etc. SUITE 112	Suite, Apt. #, etc. SUITE 112
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32256 Country DUVAL	Zip 32256 Country DUVAL

4. Date Incorporated or Qualified To Do Business in Florida 10/24/1996

5. FEI Number 59-3442007 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
F&L CORP.

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

Suite, Apt. #, Etc.
SUITE 1300

City JACKSONVILLE State FL Zip Code 32202

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 F&L CORP. By: Charles V. Hedrick Date September 15, 2004

CHARLES V. HEDRICK REGISTERED AGENT MUST SIGN AUTHORIZED SIGNATORY

CR2E061 (01/04)

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/P	Peggy Peoples-King	3916 Juan Tabo N.E.	Albuquerque, NM 87111
D/VP	Thomas F. Beeckler	9428 Baymeadows Rd., Ste. 112	Jacksonville, FL 32256

10. 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: Thomas F. Beeckler 9/15/04 904.737.9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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029528/0101 Return to Carolyn Lucia

CORPORATION REINSTATEMENT

TRI-STAR DEVELOPMENT OF JACKSONVILLE, INC.

Certificate of Status	1
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