

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

97 DEC 22 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000089395

1. Corporation Name

TRI-SHA FINANCIAL SERVICES, INC.

Principal Place of Business

1110 BRICKELL AVENUE
SUITE 802
MIAMI FL 33131

Mailing Address

1110 BRICKELL AVENUE
SUITE 202
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1996

5. FEI Number

65-0697399

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SHARIF, RASHEEDAH A Delete	200 NW-108TH ST. Delete	MIAMI FL-33168 Delete
D	SHARIF, AYESHA Delete	200 NW-108TH ST. Delete	MIAMI FL-33168 Delete
D	SHARIF, OMAR I Delete	2386 N.W. 98TH STREET Delete	MIAMI FL-33147 Delete
D	AYESHA MCCLAIN ADD	11861 SW 185 TERR ADD	Miami, FL 33147 ADD
			2000002383962-2 -12/26/97-01113-024 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MCCLAIN, AYESHA
11861 S.W. 185TH TERRACE
MIAMI FL 33177

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Ayesha McClain
REGISTERED AGENT MUST SIGN

Date 11-14-97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-14-97 305-579-9800

CR2E040 (8/97)