

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000004314

**FILED**  
**Feb 26, 2009**  
**Secretary of State**

**Entity Name:** TRINITY GRAPHICS & COPY CENTER, INC.

**Current Principal Place of Business:**

701 BRICKELL AVENUE, SUITE 106  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

701 BRICKELL AVENUE, SUITE 106  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 65-0720511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TELFER-SINCLAIR, ELNIEDA  
1000 BRICKELL AVENUE  
STE 210  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

TELFER-SINCLAIR, ELNIEDA  
6154 SE 80TH COURT  
OCALA, FL 34472 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ELNIEDA TELFER SINCLAIR

02/26/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: TELFER-SINCLAIR, ELNIEDA  
Address: 701 BRICKELL AVE, STE 106  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: AHMAR, ANGELE  
Address: 2110 SW 3RD AVENUE APT 3E  
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELNIEDA TELFER SINCLAIR

PSTD

02/26/2009

Electronic Signature of Signing Officer or Director

Date