


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED	
DOCUMENT # <u>PA7000037834</u>				99 NOV 29 PM 12:46	
1. Corporation Name <u>Trim Fast, Inc.</u>				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business		Mailing Address			
<u>777 S. Harbour Island Blvd</u>		<u>Suite 780</u>			
<u>Tampa FL 33602</u>					
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 <u>7/28/97</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>06-1517062</u>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
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		
P/T	Michael J. Mozio	4957 Bayshore Blvd	Tampa FL 33612		
S	Gregg P. Vosler	2504 Hibiscus Drive West	Bellaire Beach FL 33786		
			400003069914--0		
			-12/14/99--01093--009		
			****750.00 ****750.00		
REINSTATEMENT					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name <u>Peter Hobson</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>606 E. Madison ST</u>		
			Suite, Apt. #, Etc.		
			City <u>Tampa</u> State <u>FL</u> Zip Code <u>33672</u>		
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 <u>[Signature]</u>			Date <u>11/24/99</u>		
REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <u>[Signature]</u>			11/23/99 (813) 275-0050		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		