

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000060191**

1. Corporation Name

TRINITY Medical Group USA, Inc.

2. Principal Office Address

1400 Waterway Cove Dr

Suite, Apt. #, etc.

L. Hoffman

City & State

Wellington FL

Zip

33914 USA

3. Mailing Office Address

P.O. Box 4376

Suite, Apt. #, etc.

Mission Viejo

City & State

Mission Viejo CA

Zip

92690 USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/10/1997

5. FEI Number

68-0438943

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 Namnath

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

1400 Waterway Cove Dr

Suite, Apt. #, etc.

L. Hoffman

City

Wellington

State

FL

Zip Code

33914

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 Namnath

REGISTERED AGENT MUST SIGN

Date **11/06/00**

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
CEO	James Namnath	1400 Waterway Cove Dr	Wellington FL 33914
CFO	Gary Wilson	P.O. Box 4376	Mission Viejo CA 92690
Secretary	Elizabeth Namnath	17 Linda Dr	San Rafael CA 94901
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/06/00 415 256 1995

Daytime Phone #

CH2E081 (9/99)