

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

U13A

CORPORATIONS

FILED

02 OCT 29 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000067030

1. Corporation Name

TRIM INTERNATIONAL, INC.

Principal Place of Business

~~2204 LAVISTA AVENUE~~
PENSACOLA FL 32504

Mailing Address

PO BOX 30351
PENSACOLA FL 32503



300008673973
10/29/02--01132--013 **150.00

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

2. New Principal Office Address, If Applicable

2411 EXECUTIVE PLAZA

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/1997

5. FEI Number

59-3461370

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CALHOUN, GARY	4587 BAYWOODS DR. <i>3351 BERKSHIRE CT.</i>	PENSACOLA FL 32504
D	CALHOUN, LEISA B	4587 BAYWOODS DR. <i>3351 BERKSHIRE CT.</i>	PENSACOLA FL 32504

8. Name and Address of Current Registered Agent

CALHOUN, GARY
~~2204 LAVISTA AVENUE~~ *# 2411 EXECUTIVE PLAZA*
PENSACOLA FL 32504

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date *10-25-02*

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02 850-494-247X

CR2040 (8/02)



10/25/02

Divisions of Corporations
Annual Report / Reinstatement Section
POB 6327
Tallahassee, FL 32314-6327

RE: Uniform Business Report filing

Hello Sir/Madame:

When I received the dissolution, I realized that apparently the report dated 2/9/02 did not make it to you. The information that I requested to be changed had not been and after researching it, check # 4672 has not cleared the bank either.

So, I called and talked with a representative that instructed me to write you regarding this.

Please accept this replacement as my original filing. The information that was previously requested to be changed is marked on the enclosed sheet as well.

Respectfully yours,

A handwritten signature in dark ink, appearing to read "Gary Calhoun". The signature is fluid and cursive, with a large initial "G" and "C".

Gary Calhoun