

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 30 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000082697

1. Corporation Name

Trinity Textures Inc.

2. Principal Office Address

3609 Covington Dr

Suite, Apt. #, etc.

3. Mailing Office Address

3609 Covington Dr.

Suite, Apt. #, etc.

City & State

Holiday, FL

Zip

34691

Country

USA

City & State

Holiday, FL

Zip

34691

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-97

5. FEI Number

59-3470070

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

John Phillips

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

3609 Covington Dr.

Suite, Apt. #, Etc.

City

Holiday

State

FL

Zip Code

34691

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

John Phillips

REGISTERED AGENT MUST SIGN

Date 1-21-03

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
P	John Phillips	3609 Covington Dr	Holiday, FL 34691
S	Margaret Phillips	3609 Covington Dr	Holiday, FL 34691

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:

John Phillips John Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03

Date

727-943-2605

Daytime Phone #

CR2081 (10/02)

25/131

**JOHN PHILLIPS
TRINITY TEXTURES INC.**

3609 Covington Dr.
Holiday, FL 34691
Phone (727) 943-2605

January 21, 2003

To Whom It May Concern:,

As of September 2000 the mailing address of my company has changed. Although I received the Uniform Business Report for 2001, the report for 2002 never made it. Subsequently my company has been marked inactive. This was brought to my attention by my accountant just today. I have enclosed the reinstatement application as well as a check for \$300.00 to cover 2002 and 2003. I respectfully request that the reinstatement fee be waived, for I was unaware that your office did not receive a change of address.

Sincerely, John Phillips

Signature