APPLICATION FOR REINSTATEMENT				ALL INSTRUCTIONS BEFORE C FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State Division of corporations					
DOCUMENT # P9700083530  1. Corporation Name  TRIN-JAM, INC.									
Principal Place of Business				Mailing Address					
420 ME 55TH TERR. MIAMI FL 33137			420 NE 55TH TERR. MIAMI FL 33137						
	eddresses are incipal Office A					and enter correction below. ddress, if Applicable	Date Incorp.     To Do Busin	orated or Qualified	2004007
Suite, Apt. #, etc.				Suite, Apt. #,	etc.		09/26/1997  5. FEI Number Applied For		
City & State				City & State			65-0788251 Not Applicable 6. \$9.75 Artistage at Less required		
Zip Country			Zip		Country	CERTIFICATE OF STATUS DESIRED			
7. Names and Street Addresses of Each Officer and/o Name of Officers and/or Directors			3		fit corporations must list at lea Street Address of Each Officer and/or Director		City / State / Zip		
D	MURRAY,	MURRAY, GODFREY			420 NE	55TH TERR.		MIAMI FL 33137	
				STATI	ME	NT <u>99</u>	40	10003050 -11/22/93( ****750.00	15040 01017001 ****750.00
			_1.16211.113				<del>- 8 1 8 4</del>		
	8. Nan	e and Add	ress of Current R	egistered Age	nt	Name	9. Name and A	Address of New Registered	<del></del>
MURRAY, GODFREY 420 NE 55TH TERR. MIAMI FL 33137						Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  Cty  State Zip Code			e Zip Code
10. I, bein Signature ( Registered	cif	e registered	agent of the above	15 u	ration, am	femiliar with and accept the of	oligations of Secti	on 607.0505, F.S. Date	79
this rei	nstatement ap by the corporat	plication, the ion have be	reason for dissol en paid and the n	ution has been agles of individ	eliminated, Jais listed (	o execute this application as p the corporate name satisfies on this form do not qualify for a legal effect as if made under	the requirements an exemption un	of section 607.0401 or 617.0	MO1. E.S. that all fees
SIGNA		GNATURE A	ND TYPED OR PRIN	TED NAME OF 8	GNINGOF	FIGER ON DIRECTOR	11	1/99	raytime Phone #