

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 APR 23 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000083530**

1. Corporation Name

**Trin-Jam, Inc.**

200018566482  
05/08/03--01061--007 \*\*908.75

2. Principal Office Address

**5121 N.W. 64 Terrace**

Suite, Apt. #, etc.

3. Mailing Office Address

**5121 NW 64 Terrace**

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale, FL**

City & State

**Ft. Lauderdale, FL**

Zip

**33319**

Country

**USA**

Zip

**33319**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**9/26/97**

5. FEI Number

**650788251**

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

**Azariah Notice**

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

**5121 N.W. 64 Terrace**

Suite, Apt. #, Etc.

City

**Ft. Lauderdale**

State  
**FL**

Zip Code

**33319**

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

*[Signature]*

Date

**4/22/03**

REGISTERED AGENT MUST SIGN

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
DP	Notice, Melita	5121 N.W. 64 Terrace	Ft. Lauderdale, FL 33319
DVP	Notice, Azariah	5121 N.W. 64 Terrace	Ft. Lauderdale, FL 33319
D	Murray, Godfrey	5121 N.W. 64 Terrace	Ft. Lauderdale, FL 33319

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]* **Azariah Notice - Pres.**

Date

**4/22/03**

Daytime Phone #

**(954) 986-0045**

CR2E081 (10/02)