

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # P97000106745**

1. Corporation Name

**TRI-STAR TECHNOLOGY, INC.**

Principal Place of Business

Mailing Address

1395 NW 17TH AVENUE  
#105  
DELRAY BCH FL 33445  
US

1395 NW 17TH AVENUE  
#105  
DELRAY BCH FL 33445  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/1997

5. FEI Number

65-0805139

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
PT	WEBSTER, MICHAEL	2572 SW 11TH CT	BOYNTON BCH FL 33426
VPS	MARTIN, LUKE	5540 N OCEAN BLVD #102	OCEAN RIDGE FL 33435

900003521379--3  
-01/03/01--01025--011  
\*\*\*\*150.00 \*\*\*\*150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEBSTER, MICHAEL T  
1395 NW 17TH AVENUE  
STE 105  
DELRAY BCH FL 33445

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.

Signature of  
Registered Agent

*Michael Webster*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/19/00

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:

*Michael Webster*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561  
10/19/00 2749600  
Daytime Phone #

CR2E040 (800)

# Tri-Star Technology, Inc.

2002

Phone: (561) 274-9600  
Fax: (561) 274-6461  
E-Mail: tri-star@emi.net

Suite 105 • 1395 N.W. 17<sup>th</sup> Avenue • Delray Beach, FL 33445

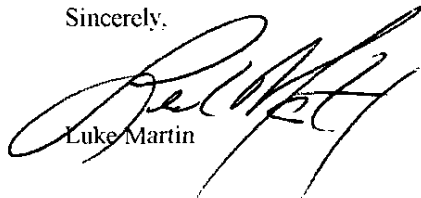
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

This letter is regarding the Notice of Administrative Dissolution or Revocation of my corporation. During 1999 my business address changed. My Annual Corporate Return was never received. Attached please find check # 3598 in the amount of \$150.00 and necessary corrections. It was not my intention to have my corporate status expire, but without the form I was unaware of the filing dead lines. I will take care to look for my form this upcoming year.

Based on the above please abate the penalties. Thank you for your cooperation in advance.

Sincerely,



Luke Martin

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