


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000020401

1. Corporation Name

TRINITY ASSET MANAGEMENT, INC.

Principal Place of Business

5327 W. COLONIAL DR
ORLANDO FL 32808
US

Mailing Address

5327 W. COLONIAL DR
ORLANDO FL 32808
US



REINSTATEMENT

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

2. New Principal Office Address, If Applicable 501 N. ORLANDO AVE Suite, Apt. #, etc. SUITE 141 City & State WINTER PARK, FL Zip 32789 Country ORANGE	3. New Mailing Office Address, If Applicable 501 N. ORLANDO AVE Suite, Apt. #, etc. SUITE 141 City & State WINTER PARK, FL Zip 32789 Country ORANGE	4. Date Incorporated or Qualified To Do Business in Florida 03/02/1998
5. FEI Number 59-3494432		Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	LEE, MYONG-K	1832 BAILLIE GLASS LANE	ORLANDO FL 32811
	JAKE LEE	7717 APPLE TREE CIR	ORLANDO, FL 32819
			400004679094--1 -11/14/01--01077--015 ****750.00 ****750.00
			AD

8. Name and Address of Current Registered Agent

LEE, MYONG K
1832 BAILLIE GLASS LANE
ORLANDO FL 32811

9. Name and Address of New Registered Agent

Name JAKE LEE
Street Address (P.O. Box Number is Not Acceptable)
7717 APPLE TREE CIR
Suite, Apt. #, Etc.
City ORLANDO State FL Zip Code 32819

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

REGISTERED AGENT MUST SIGN

Date

10-18-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAKE LEE

10-18-01

407-625-5555

CR2040 (8/01)