

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL -8 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000020401**

1. Corporation Name

TRINITY ASSET MANAGEMENT, INC.

2. Principal Office Address

7698 MUNICIPAL DR
Suite, Apt. #, etc.

3. Mailing Office Address

7698 MUNICIPAL DR
Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip **32819**

Country

ORANGE

City & State

ORLANDO, FL

Zip **32819**

Country

ORANGE

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

OCT. 22, 2001

5. FEI Number

59-3494432

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

JAKE LEE

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

9715 WYLAND CT.

Suite, Apt. #, Etc.

City

WINDERMERE

State

FL

Zip Code

34786

8. I, being appointed the registered agent for 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]

REGISTERED AGENT MUST SIGN

Date

7-2-04

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	JAKE LEE	9715 WYLAND CT	WINDERMERE, FL 34786

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-04

Date

407-625-5555
Daytime Phone #

CR25081 (01/04)