

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 16 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000061602

1. Corporation Name

TRIANA WORLD CAST, INC.

Principal Place of Business

Mailing Address

482 BLACKBURN POINT RD.
OSPREY FL 34229
US

482 BLACKBURN POINT RD.
OSPREY FL 34229
US

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

2. New Principal Office Address, If Applicable

~~9700 9TH ST NORTH~~
~~SUITE 400~~

~~ST PETERSBURG FL~~

~~34702 US~~

3. New Mailing Office Address, If Applicable

~~9700 9TH ST NORTH~~
~~SUITE 400~~

~~ST PETERSBURG FL~~

~~34702 US~~

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1998

5. FEI Number

59-3525936

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
DPST	VROOM, ERNEST	482 BLACKBURN POINT RD.	OSPREY FL 34229

8. Name and Address of Current Registered Agent

~~PATTERSON, JOHN
46 NORTH WASHINGTON BLVD. #1
SARASOTA FL 34236~~

9. Name and Address of New Registered Agent

Name ERNIE VROOM
Street Address (P.O. Box Number is Not Acceptable)
1419 PINE BAY DR
Suite, Apt. #, Etc.

City SARASOTA

State FL

Zip Code 34231

CR2E040 (8/01)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Apr 10 - 02.

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 25 2002 727-578-1919