

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000081729

1. Corporation Name

TRINITY OPTICAL, INC.

Principal Place of Business

1336 SEVEN SPRINGS BOULEVARD  
CHELSEA PLAZA PLAZA  
NEW PORT RICHEY FL 34655

Mailing Address

1336 SEVEN SPRINGS BOULEVARD  
CHELSEA PLAZA PLAZA  
NEW PORT RICHEY FL 34655

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

2. New Principal Office Address, If Applicable

1334 Seven Springs Blvd.

Suite, Apt. #, etc.

Chelsea Place Plaza

City & State

NEW PORT RICHEY, FL

Zip 34655

Country

3. New Mailing Office Address, If Applicable

1334 Seven Springs Blvd

Suite, Apt. #, etc.

Chelsea Place Plaza

City & State

NEW PORT RICHEY, FL

Zip 34655

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

09/21/1998

6. FEI Number

59-3535528

Applied For

Not Applicable

8. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GIRARD, TODD M	1336 SEVEN SPRINGS BOULEVARD	NEW PORT RICHEY FL 34655
VD	LAPORTA, THOMAS	1336 SEVEN SPRINGS BOULEVARD	NEW PORT RICHEY FL 34655

500003026995--0  
-10/27/99--01097--003  
\*\*\*\*750.00 \*\*\*\*750.00

8/10/26

8. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name  
TODD M GIRARD  
Street Address (P.O. Box Number is Not Acceptable)  
8921 BEL MEADOW WAY  
Suite, Apt. #, Etc.

City  
NEW PORT RICHEY

State

FL

Zip Code

34655

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

Todd Girard

REGISTERED AGENT MUST SIGN

Date 10-18-99

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

Todd Girard

Date

10-18-99

Daytime Phone #