

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 FEB 12 PM 1:32

DOCUMENT # P98 0000 90329

1. Corporation Name

TRICORD INC.

2. Principal Office Address

1288 CEDAR CENTER DR.

3. Mailing Office Address

P.O. BOX 1418

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Crawfordville, FL

Zip

32301

Country

U.S.A.

Zip

32326

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/23/1998

5. FEI Number

59 354 0539

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

H. Duane Thurmond

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

168 OAK STREET

Suite, Apt. #, Etc.

City

CRAWFORDVILLE

State

FL

Zip Code

32327

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*H. Duane Thurmond*

REGISTERED AGENT MUST SIGN

Date

02/12/2004

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
President	H. Duane Thurmond	168 OAK ST.	CRAWFORDVILLE, FL 32327
Vice-Pres	John R. Johnson	157 Lawhon Mill Road	CRAWFORDVILLE, FL 32327

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:

*H. Duane Thurmond*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-2004

Date

850-671-4662

Daytime Phone #

CR2001 (01/04)