

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000091856**

1. Corporation Name

TRON ENTERPRISES, INC.

Principal Place of Business

**951 FERN DRIVE
DELRAY BEACH FL 33483**

Mailing Address

**951 FERN DRIVE
DELRAY BEACH FL 33483**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1998

5. FEI Number

65-0879829

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTSD	HALLIBURTON, RONALD	951 FERN DRIVE	DELRAY BEACH FL 33483

300023767693
10/13/03--01101--008 **150.00

8. Name and Address of Current Registered Agent

**HALLIBURTON, RONALD
951 FERN DRIVE
DELRAY BEACH FL 33483**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Ronald Halliburton
REGISTERED AGENT MUST SIGN

Date **10-10-03**

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:

Ronald Halliburton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RONALD HALLIBURTON

10-10-03 561-588-5200
Date Daytime Phone #

CR2E040 (7/03)

TRON ENTERPRISES, INC.
951 FERN DRIVE
DELRAY BEACH, FL 33483

October 10, 2003


Department of State
Division of Corporations
Annual Report/Reinstatement Section
409 East Gaines Street
Tallahassee, FL 32399

Re: P98000091856

Enclosed is the completed application for reinstatement together with our filing fee for \$211.25. Since the corporation did not receive the two prior business report notices, I respectfully request that you waive the penalty and accept the enclosed report without penalty.

Thank you in advance for your cooperation on this matter.

Sincerely,


Ronald Halliburton, President
Tron Enterprises, Inc.

Encl.