

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 14 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000092488**

1. Corporation Name

Trinity mortgage Corp.

2. Principal Office Address

13500 N. Kendall DR.

Suite, Apt. #, etc.

#175

City & State

Miami, FL

Zip

33186

Country

USA

3. Mailing Office Address

13500 N. Kendall DR.

Suite, Apt. #, etc.

#175

City & State

Miami, FL

Zip

33186

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-0876797

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional fee required
for a Certificate of Status

02-03

7. Name and Address of Current Registered Agent

Name

MARIA L. NUEVO

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

13500 N. Kendall Drive

Suite, Apt. #, Etc.

#175

City

Miami

State
FL

Zip Code

33186

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

Maria Nuevo

REGISTERED AGENT MUST SIGN

Date **1/10/03**

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
PD	MARIA L. NUEVO	13500 N. Kendall DR. #175	miami, FL 33186

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01/14/03--01056--025 *900.00**

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

Maria Nuevo

1/10/03 305-388-8708

Date

Daytime Phone #

CR2081 (10/02)

1/15