

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P98000095941

1. Corporation Name

Tri-m Associates Consulting, Inc.

2. Principal Office Address

2241 Lake Vilma Dr.

Suite, Apt. #, etc.

Suite 1

City & State

Orlando, FL.

Zip

32835

Country

Orange

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1994

5. FEI Number

59-2296835

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

FILED

02 AUG 29 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/04/02--01042--003

****300.00 ****300.00

7. Name and Address of Current Registered Agent

Name

Ruth J. Barnes

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

2241 Lake Vilma Dr.

Suite, Apt. #, Etc.

Suite 1

City

Orlando

State

FL

Zip Code

32835

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**

REGISTERED AGENT MUST SIGN

Date

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
P/CEO	Ruth Joyce Barnes	2241 Lake Vilma Dr.	Orlando FL. 32835

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:

Ruth Joyce Barnes

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/02

Date

407-292-2813

Daytime Phone #

CR2E081 (9/01)

js 8/25/02



TRI-M Associates Inc., Consulting

Management | Methodology | Modernization

Divisions

Health Services
Management Consulting
Staff Services
System Integration
Training

August 27, 2002

Florida Department of State
Division of Corporation
Uniform Business Report Filings
409 East Gaines Street
Tallahassee, Florida 32399

Re: Delayed Annual Report

Dear Sir or Madam,

Please be advised that I did not receive the Notice for filing my Business Report. I moved from the Office of Record, notification was given to the post office to forward the mail however somehow this document was not sent, and an Administrative Dissolution occurred.

The Division advised that I must request Reinstatement Status through this official letter and send the attached report which was downloaded and forward \$300.00 which is included in the package.

Thank you for your assistance our telephone number is (407) 292-2813 if needed.

Sincerely,

Ruth Joyce Barnes
President/CEO