

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 16 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA9000037263

1. Corporation Name TRID, INC.

REINSTATEMENT 03-04

2. Principal Office Address <u>201 ANSIN BLVD</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>HALLANDALE FL</u>		City & State	
Zip <u>33009</u>	Country	Zip	Country
<u>33809</u>			

800028790808
02/16/04--01028--035 **758.75

4. Date Incorporated or Qualified To Do Business in Florida <u>DEC 18, 2001</u>	
5. FEI Number <u>650916935</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>Richard Hughes</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>201 ANSIN BLVD</u>		
Suite, Apt. #, Etc.		
City <u>Hallandale</u>	State <u>FL</u>	Zip Code <u>33009</u>

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 Richard Hughes REGISTERED AGENT MUST SIGN Date 2/10/04

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
<u>Director</u>	<u>Richard Hughes</u>	<u>201 ANSIN BLVD</u>	<u>Hallandale FL. 33009</u>

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: Richard Hughes Richard Hughes 2/10/04 954-457777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)