PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLEASE READ	ALL INST	RUC II	UNS BEFURE	<u> </u>	OMPLETI	ADD TO THE DIE		
CORPOR REINSTAT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			E	O9 APR -3 AM 7: 58 SECRETARY OF STATE				
DOCUMENT # P99000053823 1. Corporation Name							TALLAHASS		
Trizen S	ystems, Inc.								
· ·	-	CINCINIO	5512	1049 -		~	ነበ 1 ለመጠብ		
2. Principal Office A	10900014044			-	900147024779 03/24/0901007013 **300.00				
8280 Day Lil	8280 Day Lily Place				CR2E081 (12/08)				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			L	4 Data lacara	orated or Qualified		
City & State	City & State				Date incorporated or Qualified To Do Business in Florida				
Sanford	Sanford				50.2590074			ed For	
32771 ·	Country Seminole	Zip 32771		Country Seminole		6. CERTIFICATE	OF STATUS DESIRED . \$	8.75 Additional Fe- for a Certificate of	
7. Name and Address of Current Registered Agent									,
Name Edward Paul Zaremba Jr.						The reinstatement fee is imposed, except incircumstances which the entity did not receive			
Street Address (P.O. Box Number is Not Acceptable) 8280 Day Lily Place							stances which the er or notices. By chec	•	
Suite, Apt. #, Etc.						are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
City Sanford			State Zip Code 32771			lee be	waiveu.		
8. I, being appointe	ed the registered agent of the at	oove named corpor	ation, am f	amiliar with and accept the	he obl	gations of section	on 607.0505 or 617.0503, F	.s.	
Signature of Registered Agent							Date 7/15/09		
		REGISTERED AGE	ENT MUST	SIGN			, ,		
9. Names and Stre	eet Addresses of Each Officer a	nd/or Director (Flor	ida nonpro			st 3 directors)			
fittes	Name of Officers and/or Directo	rs	Street Address of Eac Officer and/or Directo				City / S	tate / Zıp	
P Edwa	ard Zaremba		8280 Day Lily Place				Sanford, FL 32771		
				•		90		.779_	
						04/03/	10147024 /090100300 !	3 **158.7 ————	75
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REI	NSTATE	MEN	Γ_		(EES)			·	
	•			RH					
10. I certify that I a	m an officer or director or the re-	ceiver or trustee em	powered t	execute this application	n as pr	rovided for in cha	opter 607 or 617, F.S. I furth	er certify that wher	n filing
owed by the co	ent application, the reason for di rporation have been paid and tr	e names of individu	uals listed o	on this form do not qualify	y for ar	n exemption con	tained in Chapter 119, F.S.	The information in	dicated

407-466-0424 Daytime Phone #

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR