

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

09 APR -3 AM 7:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000053823

1. Corporation Name

Trizen Systems, Inc.

7109000014039

900147024779  
03/24/09--01007--013 \*\*300.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

8280 Day Lily Place

3. Mailing Office Address

8280 Day Lily Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford

City & State

Sanford

Zip

32771

Country

Seminole

Zip

32771

Country

Seminole

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
59-3580974

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Edward Paul Zaremba Jr.

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

8280 Day Lily Place

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32771

The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date 3/15/09

REGISTERED AGENT MUST SIGN

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	Edward Zaremba	8280 Day Lily Place	Sanford, FL 32771

900147024779  
04/03/09--01003--003 \*\*158.75

**REINSTATEMENT**

**BH**

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 contained in Chapter 119, 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:

EDWARD ZAREMBA JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/09

Date

407-466-0424

Daytime Phone #