

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200023870982
10/17/03--01022--030 **175.00

DOCUMENT # **P99000067350**

1. Corporation Name

Trophy City Inc.

2. Principal Office Address

15315 S. Dixie Hwy

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33157

Country

USA

3. Mailing Office Address

15315 S. Dixie Hwy

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/22/99

5. FEI Number

650938634

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

Stephen Hylton

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

15315 S. Dixie Hwy

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33157

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

[Signature]

Date

10/13/03

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	Stephen Hylton	8701 SW 141st #L7	Miami, FL 33176
Vp	Janet Lee	17720 SW 91 Ave	Miami, FL 33157
S	Janet Lee	17720 SW 91 Ave	Miami, FL 33157
T	Stephen Hylton	8701 SW 141st #L7	Miami, FL 33176

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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

Date

Daytime Phone #

786 2424086

CR25001 (10/02)

TROPHY CITY INC.
Custom Picture Framing

15315 S. Dixie Hwy.
Miami, FL 33157
786 242-4086
www.trophycityinc.com

10/13/03

To Whom IT May Concern:

It has been brought to my attention That The incorporation Trophy City Inc. has been inactive. I have not received any notification for supplemental fee or annual report fee. We have moved to The above address.

Kindly reinstate & Thanks for your assistance.

Yours truly,
Janet Lee