

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

02 NOV 21 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000102862**

1. Corporation Name

**TRICOM BUSINESS SYSTEMS, INC.**

Principal Place of Business

**9629 PALM RIVER ROAD  
TAMPA FL 33619**

Mailing Address

**9629 PALM RIVER ROAD  
TAMPA FL 33619**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**9629 Palm River Rd**

Suite, Apt. #, etc.

**Tampa, FL 33619**

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

**9629 Palm River Rd**

Suite, Apt. #, etc.

**Tampa, FL**

City & State

Zip

Country

**33834**

**Hillsborough**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/22/1999**

5. FEI Number

**59-3634211**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	HORAK, LEONARD	<del>7792 PROFESSIONAL PLACE</del> <b>9629 Palm River Rd</b> <b>Tampa, FL 33619</b>	<del>TAMPA FL 33637</del>

8. Name and Address of Current Registered Agent

**HORAK, LEONARD**

~~7792 PROFESSIONAL PLACE~~ **9629 Palm River Rd**  
**TAMPA FL 33637-33619**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**11/6/02**

11. 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-6-02**

Date

**813-989-3829**

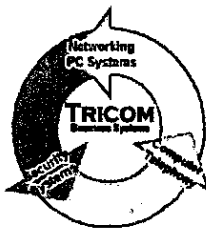
Daytime Phone #

CR2E040 (8/02)

# TRICOM

**Business Systems**

9629 Palm River Rd.  
Tampa, FL 33619



Phone: (813) 989-3829  
Fax: (813) 989-3720

November 15, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314

Dear Sirs:

Please be aware that we did not receive the 2002 Corporation Annual Report because of a change in our address.

After a conversation with your office, I am enclosing a check for \$150.00 for the reinstatement of our Company.

Thank you for your help.

Sincerely,

TRICOM BUSINESS SYSTEMS

A handwritten signature in cursive script, appearing to read 'Leonard Horak'.

Leonard Horak  
Owner