PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 27 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V24011

1 Corporation Name
TRIVET MARKETING. INC.

Principal Place of Business
2240 CYPRESS BEND N.
APT #702
POMPANO BEACH.
FL. 33069

Mailing Address
2240 CYPRESS BEND N.
APT. 702
POMPANO BEACH
FL. 33069

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

REINSTATEMENT 9le

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable
2240 CYPRESS BEND N.
Suite, Apt. #, etc. #702
City & State POMPANO BEACH
Zip FL 33069 Country USA.

3 New Mailing Address, If Applicable
2240 CYPRESS BEND N.
Suite, Apt. #, etc. #702.
City & State POMPANO BEACH. FL.
Zip 33069 Country USA.

4. Date Incorporated or Qualified To Do Business in Florida
MARCH, 24 1992

5. FEI Number
65-0303932
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 (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| PRESIDENT | ROBERT HAMELIN. | 2240 CYPRESS BEND N. | POMPANO BEACH. FL. 33069. |
| | | | |
| | | | 300002046073--6 -01/03/97--01182--017 ****375.00 ****375.00 |
| | | | |
| | | | |
| | | | JB12-30-96 |

8. Name and Address of Current Registered Agent
ROBERT HAMELIN.
TRIVET MARKETING.
2240 CYPRESS BEND #702.
POMPANO BEACH. FL. 33069.

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

CR2E.040 (12/95)

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.

Signature of Registered Agent R Hamelin
REGISTERED AGENT MUST SIGN
Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: ROBERT HAMELIN R Hamelin 12/12/96 954-977-7911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #