


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 01 DEC 10 AM 8:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 ***1050.00 ***1050.00

DOCUMENT # V53136

1. Corporation Name
 Trinity Partners, Inc.

2. Principal Office Address
 8375 Dix Ellis Trail
 Suite, Apt. #, etc.
 Suite 101
 City & State
 Jacksonville, FL
 Zip Country
 32256 Duval

3. Mailing Office Address
 Same
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 7/24/92

5. FEI Number 59-3198939 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
 John McE. Miller, P.A.

Street Address (P.O. Box Number is Not Acceptable)
 333 First St. N.
 Suite, Apt. #, Etc.
 Suite 305
 City
 Jacksonville Beach

State Zip Code
 FL 32256

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 12/7/01

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/T/D	Park L. Beeler	8375 Dix Ellis Trail, Suite 101	Jacksonville, FL 32256
V/S/D	John E. Cook	8375 Dix Ellis Trail, Suite 101	Jacksonville, FL 32256

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 *****8.75 *****8.75

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)(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.

Park L. Beeler

SIGNATURE: *[Signature]* 12/07/01 904-363-1764
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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JOHN McE. MILLER, P.A.
Attorney-at-Law
333 First Street North, Suite 305
Jacksonville Beach, Florida 32250

Telephone (904) 249-8500

Facsimile (904) 249-0841

December 7, 2001

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

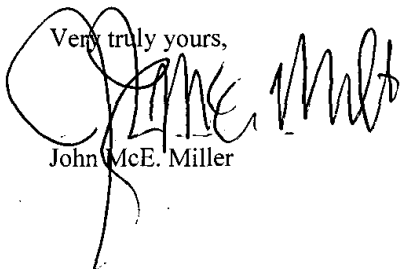
Re: Trinity Partners, Inc.
Document No. PV53136

Dear Sir or Madam:

Enclosed is the Application for Reinstatement for the above corporation, together with my check in the amount of \$1,050.00 to cover the Reinstatement Fee. Please return a copy of the Reinstatement to me in the self-addressed, stamped envelope enclosed for your convenience.

If there is anything further you need to accomplish this, please do not hesitate to call. Thank you for your assistance. I remain,

Very truly yours,



John McE. Miller

JMM/pam
Enclosures

P.S. Also enclosed is my check in the amount of \$8.75 for the Certificate of Status.