

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000004637

**FILED**  
**Oct 10, 2005**  
**Secretary of State**

**Entity Name:** TRIPLE CROWN MORTGAGE, INC.

**Current Principal Place of Business:**

1021 MAJESTIC DRIVE, #210  
LEXINGTON, KY 40523

**New Principal Place of Business:**

1021 MAJESTIC DRIVE, #210  
LEXINGTON, KY 40513 US

**Current Mailing Address:**

1021 MAJESTIC DRIVE, #210  
LEXINGTON, KY 40523

**New Mailing Address:**

1021 MAJESTIC DRIVE, #210  
LEXINGTON, KY 40513 US

**FEI Number:** 61-1335237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORM-A-CORP LLC  
100 VILLAGE SQUARE CROSSING #103  
PALM BEACH GARDENS, FL 334104531 US

**Name and Address of New Registered Agent:**

FORM-A-CORP, INC.  
100 VILLAGE SQUARE CROSSING #103  
PALM BEACH GARDENS, FL 334104531 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BY: KEVIN RUBEL (VP)

10/10/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: DONALDSON, BEN M II  
Address: 1021 MAJESTIC DRIVE, #210  
City-St-Zip: LEXINGTON, KY 40513

Title: DST ( ) Delete  
Name: DONALDSON, BEN  
Address: 1021 MAJESTIC DRIVE, #210  
City-St-Zip: LEXINGTON, KY 40513

Title: DV (X) Delete  
Name: ANDERSON, JOEL L  
Address: 1021 MAJESTIC DRIVE, #210  
City-St-Zip: LEXINGTON, KY 40513

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D,P (X) Change ( ) Addition  
Name: DONALDSON, BEN M SR.  
Address: 1021 MAJESTIC DRIVE, #210  
City-St-Zip: LEXINGTON, KY 40513 US

Title: S (X) Change ( ) Addition  
Name: DONALDSON, BEN  
Address: 1021 MAJESTIC DRIVE, #210  
City-St-Zip: LEXINGTON, KY 40513 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN M. DONALDSON, SR.

P

10/10/2005

Electronic Signature of Signing Officer or Director

Date