

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

06 AUG 30 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 184524**

1. Corporation Name

Triangle Land Co Inc

2. Principal Office Address

4695 Alisa Circle N.E.

3. Mailing Office Address

4695 Alisa Circle N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33703

Country

US

Zip

33703

Country

US

**REINSTATEMENT**  
CR2E081 (12/05)

01-06

4. Date Incorporated or Qualified  
To Do Business in Florida

04/13/1955

5. FEI Number

59-0791567

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

William Bond

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

4695 Alisa Circle N.E.

Suite, Apt. #, Etc.

300079510613

09/06/06--01019--022 \*\*1508.75

City

St. Petersburg

State

FL

Zip Code

33703

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

*William Bond*

REGISTERED AGENT MUST SIGN

Date

8-28-06

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
PD	William Bond	4695 Alisa Circle N.E.	St. Petersburg, FL 33703

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 contained in Chapter 119, 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:

*William Bond Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Bond Jr

Date

8-28-06

Daytime Phone #

277-822-3626

8/30