


18 OCT 28 AM 10:52

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		13 OCT 28 AM 10:52	
DOCUMENT # 226672					
1. Corporation Name TRITON INVESTMENTS INC.					
2. Principal Office Address - No P.O. Box # 140 S. MAIN ST.		3. Mailing Office Address PO BOX 10221		CR2B081 (11/10) 4. Date Incorporated or Qualified To Do Business in Florida 08/06/1959 5. FEI Number 590969004 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status 700253299167 10/28/13--01049--001 **\$300.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BROOKSVILLE FL		City & State BROOKSVILLE FL			
Zip 34601		Zip 34603			
7. Name and Address of Current Registered Agent Name DAVID C. SASSER Street Address (P.O. Box Number is Not Acceptable) 140 S. MAIN ST. Suite, Apt. #, etc. City BROOKSVILLE State FL Zip Code 34601					
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 10/24/2013 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	
D/P		DAVID C. SASSER		140 S. MAIN ST.	
D/V		ANN S. MERRITT		110 WESTWIND DR.	
				BROOKSVILLE, FL 34601	
				SHELBY, N.C. 28152	
				OCT 28 2013	
				R. HUNT	
REINSTATEMENT					
10. E-mail Address: dcse@johnstonandsasser.com (To be used for future annual report notification)					
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
SIGNATURE:		[Signature] DAVID C. SASSER		Date 10/24/2013 352-796-5123	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	