

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

98 DEC 21 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 316922

1. Corporation Name

TAUCHEN'S TRIANGLE T RANCH, INC.

Principal Place of Business

Mailing Address

9110 COUNTY RD 17 SO
SEBRING FL 33870
US

P O BOX 3936
SEBRING FL
US



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/17/1967	
City & State		City & State		5. FEI Number	
Zip		Country		59-1165424	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	TAUCHEN, DONALD E., II	9110 COUNTY RD 17 SO.	SEBRING FL
VP	TAUCHEN, JOHN ROBERT	945 SE LAKEVIEW DR	SEBRING FL
TD		415 MAC LAKE	
STD	TAUCHEN, MARJORIE A.	9110 COUNTY RD. 17 SO.	SEBRING FL
SD	BAILEY, CONSTANCE LYNN	9120 COUNTY RD. 17 SO.	SEBRING FL
TD	TAUCHEN, KATHLEEN A.	1222 LAKE JOSEPHINE CT	SEBRING FL
NONE	NONE	NONE	NONE

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAUCHEN, DONALD E II
9110 COUNTY RD 17 SO.
SEBRING FL 33870

REINSTATEMENT

400002724434--8
-12/29/98--01019--019
****750.00 ****750.00

Name

Street Address (Do NOT use Post Office Box Numbers)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

John R. Tauchen

REGISTERED AGENT MUST SIGN

Date 11/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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.

SIGNATURE:

John R. Tauchen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16/98

CR2E040 (9/98)