

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 FEB -8 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 558584

1. Corporation Name

Triangle Mobile Homes Services, Inc.

2. Principal Office Address

2476 S. Forbes Rd.

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

2476 S. Forbes Rd.

Suite, Apt. #, etc.

N/A

City & State

Plant City, FL

City & State

Plant City, FL

Zip

33567

Country

Hillsborough

Zip

33567

Country

Hillsborough

**REINSTATEMENT 86-01**

4. Date Incorporated or Qualified  
To Do Business in Florida

1-31-78

5. FEI Number

592712616

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

Greg Waller

800003746178-9

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

2476 S. Forbes Road

02/21/01-01102-016

\*\*\*2476.25 \*\*\*2476.25

Suite, Apt. #, Etc.

N/A

City

Plant City

State

FL

Zip Code

33567

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

Greg Waller

Date 2-8-2001

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	Greg Waller	2476 S. Forbes Rd	Plant City, FL 33567

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.

SIGNATURE:

Greg Waller / Greg Waller

Date

2-8-2001

Daytime Phone #

754-9521

CR2E081 (9/00)