

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #622005**

1. Corporation Name  
TRIPLE H. RANCH, INC.

2. Principal Office Address  
450 E. Las Olas Blvd.

Suite, Apt. #, etc.  
Suite 1500  
City & State  
Ft. Lauderdale, Florida

Zip  
33301  
Country  
U.S.

3. Mailing Office Address  
450 E. Las Olas Blvd.

Suite, Apt. #, etc.  
Suite 1500  
City & State  
Ft. Lauderdale, Florida

Zip  
33301  
Country  
U.S.

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida 05/16/1979

5. FEI Number  
59-1912728  
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  
RICHARD C. ROCHON  
Street Address (P.O. Box Number is Not Acceptable)  
450 E. LAS OLAS BLVD.  
Suite, Apt. #, Etc.  
SUITE 1500  
City  
FT. LAUDERDALE

State  
FL  
Zip Code  
33301

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  
RICHARD C. ROCHON  
REGISTERED AGENT MUST SIGN

Date  
AUGUST 10, 2000

**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	HUIZENGA, G. HARRY	450 E. Las Olas Blvd. #1500	Ft. Lauderdale, FL 33301
AS/T	BRANDEN, CRIS V.	450 E. Las Olas Blvd. #1500	Ft. Lauderdale, FL 33301
D/S	ROCHON, RICHARD C.	450 E. Las Olas Blvd. #1500	Ft. Lauderdale, FL 33301
			LS

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: Richard C Rochon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/10/00 954-627-5000