

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F02000001696**

1. Corporation Name

TRIARCO ORGANIZATION, INCORPORATED

Principal Place of Business

134 MONMOUTH RD.
 MONROE TWP NJ 08831

Mailing Address

777 S. FLAGLER DR., STE. 800. WEST TOWER
 WEST PALM BEACH FL 33401

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
 03 OCT 16 PM 4:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

04/04/2002

5. FEI Number

22-3179922

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPT	COVERY, JOHN M	777 S. FLAGLER DR., STE. 800 West Tower	WEST PALM BEACH FL 33401

000023853670
 10/16/03--01038--022 **150.00

10/10/03

8. Name and Address of Current Registered Agent

COVERY, J.
 11206 MARITIME CT.
 WELLINGTON FL 33467

9. Name and Address of New Registered Agent

Name: Mr. Joe and Mrs. Rutherd Mulhall
 Street Address (P.O. Box Number is Not Acceptable): Fountain Square I, 4th Floor
 Suite, Apt. #, Etc.: 2600 N. Military Trail
 City: Boca Raton, State: FL Zip Code: 33431-6348

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. or 617.0505, F.S.

Signature of Registered Agent:

Date: 10/10/03

REGISTERED AGENT MUST SIGN

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., 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:

Date: 10/10/03 (561) 248-5478
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)



777 S. FLAGLER DRIVE, SUITE 800 - WEST TOWER
WEST PALM BEACH, FL 33401
PHONE: (561) 515-6086
TOLL FREE: (800) 445-6179

ELDER AND ESTATE PLANNING



October 9, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Division Representative:

Enclosed please find an Application for Reinstatement for Triarco Organization, Inc.

Please be aware that we never received the prior two Uniform Business Report (UBR) notices, and, in fact, we have been experiencing some problems as far as postal delivery to us at this address (reference: attached exhibits). Further, information as far as "Name of Officers and/or Directors" and attending addresses is incorrect. My name is John M. Convery not Covery as portrayed in the application for reinstatement and my officer address of record is: 777 S. Flagler Drive, Suite 800, West Tower, West Palm Beach, FL 33401. The information as far as the suite was incorrect on the Application for Reinstatement and the address incomplete insofar as it did not designate West Tower. I make a petition to you to reinstate our corporate charter as an authorized foreign corporation at the cost of the enclosed check for the filing fee of \$150. Based on details provided in this paragraph, I ask that you waive any and all reinstatement fees.

Your kind attention to and your granting of this request will be genuinely appreciated and I look forward to receiving notification that the reinstatement has been completed.

Sincerely yours,


John M. Convery

JMC:dmj

Enclosures