

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

97 JAN -2 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F33201

1. Corporation Name

TRIANGLE MANAGEMENT CORPORATION, INC.

Principal Place of Business

8315 W 20TH AVE
PO BOX 4370
HIALEAH FL 33014

Mailing Address

8315 W 20TH AVE
PO BOX 4370
HIALEAH FL 33014

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1981

5. FEI Number

59-2091801

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
PD	KITTAY, HAROLD	8315 W. 20TH AVE.	HIALEAH FL
VD	KITTAY, HELEN	8315 W. 20TH AVE.	HIALEAH FL
SD	MARROFF, BERNARD	8315 W. 20TH AVE.	HIALEAH FL
CD	KITTAY, HAROLD	8315 W. 20 th AVE	HIALEAH FL 33014
PD	MARROFF, BERNARD	8315 W. 20 th AVE	HIALEAH FL 33014

8. Name and Address of Current Registered Agent

KITTAY, HAROLD
8315 W. 20TH AVE.
HIALEAH FL 33014

9. Name and Address of New Registered Agent

Name
BERNARD MARROFF
Street Address (P.O. Box Number Is Not Acceptable)
8315 W. 20th AVENUE
Suite, Apt. #, Etc.
City
HIALEAH
State
FL
Zip Code
33014

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

Bernard Marroff
REGISTERED AGENT MUST SIGN

Date 12/31/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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:

Bernard Marroff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/96 305584310