

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 26 AM 11:06

DOCUMENT # F98000002468

1. Corporation Name

TRIANGLE BRICK COMPANY

Principal Place of Business

Mailing Address

6523 N.C. HWY 55
DURHAM NC 27713

6523 N.C. HWY 55
DURHAM NC 27713



REINSTATEMENT

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

04/30/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

56-0691893

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	
PTD	BROWN, HOWARD P	206 EDINBURGH DR.	CARY NC 27511
VD	MOLLENKOPF, SCOTT	104 FERN BLVD WAY 118 MALTAN DR.	CARY NC 27511
SD	LYNCH, ARCH E	5210 SADDLE CT.	RALEIGH NC 27609
DC	GOBB, COLLIER III	350 TENNEY CIRCLE	CHAPEL HILL NC 27514
DC	Wilhelm Roeben	6573 NC Hwy 55	DURHAM NC 27713
Assistant Secretary	RONALD A CARDWELL	634 HILHAVEN TER	Roxboro NC 27523

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Num.)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

ALLAN EARNELL
ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 10/23/2000

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:

Ronald A Cardwell
ASSISTANT SECRETARY

10/20/10
Date

919-544-1796
Daytime Phone #

CL-240 (8/00)