

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # G03500

1. Corporation Name

TRIPLE T INNS OF PENNSYLVANIA, INC.

FILED

01 OCT 19 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% LAUREN KOONIN  
#207  
INDIALANTIC FL 32903  
US

% LAUREN KOONIN  
#207  
INDIALANTIC FL 32903  
US

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

10/07/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2222020

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	City / State / Zip 4
V	VOLKERT, LEON H.	4115 N OCEAN DR., #700	LAUDERDALE BY THE SEA FL
PD	FAUST, CHARLES R.	4116 N OCEAN DR., #700	LAUDERDALE BY THE SEA FL
DST	KOONIN, LARRY	325 FIFTH AVE	INDIALANTIC FL
AS	HENDERSON, CHARISSE A.	325 FIFTH AVE.	INDIALANTIC FL

000004662840--0  
-11/01/01--01052--015  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

01 UBR 18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOONIN, LAUREN  
325 FIFTH AVE  
STE 207  
INDIALANTIC FL 32903

Name

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

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-16-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-01 321 725-7500

CR2E040 (8/01)



October 17, 2001

Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee FL 32314

Re: Hotel Payroll Services, Inc. L61218  
Triple T Inns of Pennsylvania, Inc. G03500

We are requesting a waiver of reinstatement fees due to the fact that both of these notices were incorrectly addressed by the Department of State, Division of Corporations, as evidenced by the enclosed copies of the front of the mailing packets. The street address was omitted on both and the post office could not readily deliver them.

Please note that the street address is included in the Registered Agent area of the forms.

We are enclosing the normal filing fees for these corporations.

If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Charisse A. Henderson".

Charisse A. Henderson  
Legal Assistant

Encs.