

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -3 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04863

1. Corporation Name

THREE RING TRUST INC

2. Principal Office Address

2630A NW 41ST ST

Suite, Apt. #, etc.

3. Mailing Office Address

C/O WALTERS

Suite, Apt. #, etc.

PO Box 357279

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32606

Country

USA

Zip

32635

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2967663

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

FRANK WALTERS

900005507469--5

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

2630A NW 41ST ST

-05/14/02--01001--006

****300.00 ****300.00

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32606

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

Frank Walters

Date

5/1/02

REGISTERED AGENT MUST SIGN

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	FRANK WALTERS	2630A NW 41ST ST	GAINESVILLE, FL 32606
D	EW BUREH SR	4337 NW 6TH ST	GAINESVILLE, FL 32601
D	VARNUM HEYL	40 TURKEY CREEK	ALACHUA, FL 32615
D	JAMES D WEIR	699 S COUNTRY CLUB DR	PULLOWHEE NE 28723

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:

Frank Walters

FRANK WALTERS

Date

5/1/02

Daytime Phone #

352-372-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

RB

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Three Ring Trust, Inc.
Frank Walters
P.O. Box 357279
Gainesville, FL 32635
352-372-1040

May 1, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Reinstatement

Please find enclosed a UBR for 2002 as well a corporation reinstatement form for Three Ring Trust, Inc. I am not sure exactly which to file due to our situation so I have executed both .

I am also enclosing a check in the amount of \$300 for payment of the annual fee for 2001 and 2001. I would like to request an abatement of the additional fees, penalties, for late filing of the 2001 report. The corporation has not received an annual report form for last year or for this year. The previous contact person and resident agent for the corporation moved to North Carolina in 2000. It was his address that the blank annual report would have been sent to. It apparently was not forwarded.

I am currently the president and the registered agent of the Corporation.

Again please accept this as reasonable cause for having the additional fees assessed to the corporation.

Thank you for your consideration in this matter.

Sincerely,



Frank Walters