

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 10 PM 5:44

DOCUMENT # M43452

1. Corporation Name

TRIANGLE PROPERTIES SOUTHWEST, INC.

2. Principal Office Address

8825 East Tamiami Trail

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34113

Country

Collier

3. Mailing Office Address

8825 East Tamiami Trail

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34113

Country

Collier

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/17/1986

5. FEI Number

59-2797309

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

Sheldon W. Starman

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

4099 North Tamiami Trail

Suite, Apt. #, Etc.

Fourth Floor

City

Naples

State

FL

Zip Code

34103

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

Sheldon W. Starman

Date 10/3/2000

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	Margriet de Lange	8825 East Tamiami Trail	Naples, FL 34113
DS	Ronald van der Lely	Butzenweg 20	CH-6300 Zug, Switzerland

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:

Margriet de Lange
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Margriet de Lange

10/6/00

Date

(941) 774-5333

Daytime Phone #

CR2E081 (8/99)