

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY -3 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000000685

1. Corporation Name

Triumph Debt Solutions, Inc.

2. Principal Office Address

1060 Maitland Center Commons

3. Mailing Office Address

Suite, Apt. #, etc.

270

Suite, Apt. #, etc.

City & State

Maitland, FL

City & State

Zip

32751

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/21/2003

5. FCI Number

56-2336475

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

Peter Hopper

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

1060 Maitland Center Commons

Suite, Apt. #, Etc.

270

500074507395

05/12/06--01007--013 \*\*351.00

City

Maitland

State

FL

Zip Code

32751

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

*Peter Hopper*

REGISTERED AGENT MUST SIGN

Date

4/27/2006

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
D	Wendy Hopper	30 Stone Gate South	Longwood, FL 32779
D	Adrianne Comerford	550 Park Ave	Manhasset, NY 11030
D	Virginia Hopper	550 Park Ave	Manhasset, NY 11030

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 contained in Chapter 119, 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:

*Wendy Hopper*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/2006

Daytime Phone #