

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

01 NOV 13 AM 11:36

DOCUMENT # N92000000615

1. Corporation Name

TRIPLE CROSS RANCH, INC.

2. Principal Office Address

8062 N.W. 144th TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

8062 N.W. 144th TRAIL

Suite, Apt. #, etc.

City & State

OKEECHOBEE, FLORIDA 34972

Zip

34972

Country

OKEECHOBEE

City & State

OKEECHOBEE, FLORIDA 34972

Zip

34972

Country

OKEECHOBEE

REINSTATEMENT 01

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

5. FEI Number

65-0373112

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

WILLIAM SULLIVAN

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

8062 N.W. 144th TRAIL

Suite, Apt. #, Etc.

City

OKEECHOBEE, ---

State
FL

Zip Code
34972

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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

William Sullivan

Date 11-7-01

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
PD	WILLIAM SULLIVAN	8062 NW 144th TRAIL	OKEECHOBEE, FLORIDA 34972
VSTD	SCOTT FRASER	7712 HWY 441 SE	OKEECHOBEE, FLORIDA 34974
SD	LEIGH ANN SULLIVAN	8062 NW 144th TRAIL	OKEECHOBEE, FLORIDA 34972

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:

William Sullivan
WILLIAM SULLIVAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-7-01 863-357-0590

CR2001 (2/00)