

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 14 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000615

1. Corporation Name

TRIPLE CROSS RANCH, INC.

Principal Place of Business

8062 N.W. 144TH TRAIL
OKEECHOBEE FL 34972
US

Mailing Address

8062 N.W. 144TH TRAIL
OKEECHOBEE FL 34972
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

12/03/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0373112

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SULLIVAN, WILLIAM	8062 N.W. 144TH TRAIL	OKEECHOBEE FL 34972
VSTD	FRASER, SCOTT <i>Remove</i>	7712 HWY 441 SE	OKEECHOBEE FL 34974
SD	SULLIVAN, LEIGH ANN	8062 N.W. 144TH TRAIL	OKEECHOBEE FL 34972
VSTD	Jim Gilbert	Po Box 1105	Okeechobee FL 34972
400010087194 01/14/03--01089--005 **61.25			

8. Name and Address of Current Registered Agent

SULLIVAN, WILLIAM
8062 N.W. 144TH TRAIL
OKEECHOBEE FL 34972

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

01-06-03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-03 863-3570590

Date

Daytime Phone #

CR2040 (8/02)

Triple Cross Ranch Inc.

8062 n w 144th trail
Okeechobee Fl 34972

01-06-03

To: Florida Department Of State

Subject: Application for reinstatement

We apologize for filling late but we didn't receive the first form you all sent out. I included the check that was required for that time frame required. We thank you for the time spent with me on the phone over this issue. I pray we get the letter this year if not I noted my calendar to make sure. We thank you for your help.

Thanks A lot

William S Sullivan

