

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700009021337
11/15/02--01047--008 **150.00

DOCUMENT # P01000028309

1. Corporation Name

TRIANGLE CAPITAL PARTNERS, INC.

Principal Place of Business

Mailing Address

1970 NORTHEAST 118TH ROAD
NORTH MIAMI FL 33181

~~1970 NORTHEAST 118TH ROAD~~
~~NORTH MIAMI FL 33181~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/2001

5. FEI Number

65-1086903

Applied For

Not Applicable

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	SPIELMAN, GERALD S	1970 NORTHEAST 118TH ROAD	NORTH MIAMI FL 33181
SD	SAYEGH, MALEK	1970 NORTHEAST 118TH ROAD	NORTH MIAMI FL 33181
TD	SCUTALERRO, JOSEPH	1970 NORTHEAST 118TH ROAD 12 Lexington Ave	NORTH MIAMI FL 33181 Toms River, NJ 08754

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

CR2E040 (8/02)

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



JUMP, SCUTELLARO AND COMPANY, L.L.P. CERTIFIED PUBLIC ACCOUNTANTS
12 LEXINGTON AVENUE • CN 2044 • TOMS RIVER, NJ • 08754-2044 • PHONE: (732) 240-7377 • FAX: (732) 505-8307 • WEBSITE: jumpcpa.com

November 6, 2002

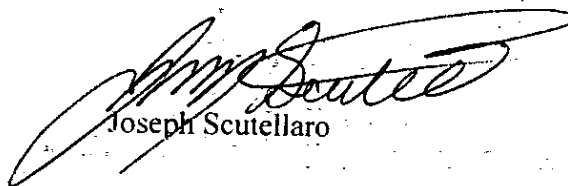
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Triangle Capital Partners, Inc.
EIN 65-1086903

Enclosed please find the Application for Reinstatement and the filing fee in the amount of \$150. We are requesting the reinstatement fee be waived as the prior notices were not received. This was due to the fact that the company changed its name during the year and also changed the mailing address; the correct address is shown on the enclosed application.

Thank you in advance for your cooperation. If you have any questions do not hesitate to contact my office.

Very truly yours,



Joseph Scutellaro

JS/sc

Encl.