

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 OCT 22 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000099985**

1. Corporation Name

**Triple A & J Inc.**

2. Principal Office Address

**8001 N. Dale Mabry Hwy**

Suite, Apt. #, etc.

**701-C**

City & State

**Tampa FL**

Zip

**33614**

Country

**USA**

3. Mailing Office Address

**8001 N. Dale Mabry Hwy**

Suite, Apt. #, etc.

**701-C**

City & State

**Tampa, FL**

Zip

**33614**

Country

**USA**

**100005518231**  
10/22/02--01085--002 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

**10-9-01**

5. FEI Number

☒ 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

**Clara S. Creighton**

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

**8001 N. Dale Mabry Hwy**

Suite, Apt. #, Etc.

**701-C**

City

**Tampa**

State  
**FL**

Zip Code

**33614**

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

**Clara S. Creighton**

Date

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	Clara S. Creighton	8001 N. Dale Mabry Hwy Ste 701-C	Tampa FL 33614

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:

**Clara S. Creighton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

10/24/02



**CREIGHTON HEALTH CARE, INC.**

**Clara S. Creighton, M.D.**

8001 N. Dale Mabry Hwy.  
Suite 701C  
Tampa, FL 33614  
(813) 915-8666  
Fax (813) 930-9536

October 21, 2002

Dear Sir/Madam,

It has been brought to our attention that our annual corporate fees for both Creighton Health care, Inc and Triple A & J, Inc. have not been paid, thus we are not in good standing with the State of Florida. We have searched our records and we don't show that we ever received the annual report filing forms for either corporation. I have also verified the mailing address with your office and I am at a loss as to why we did not receive the required forms. With this being said, I am respectfully requesting that you waive the additional fees, as we have no record of receiving the annual reports.

I have enclosed the completed reinstatement forms for both corporations along with the required annual fees. Thank you for your attention to this matter. If you have any further questions please feel free to contact me at (813) 915-8666.

Sincerely,

  
Clara S. Creighton, M.D.