

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P01000105216**

1. Corporation Name

**Triad Pictures Incorporated**

2. Principal Office Address - No P.O. Box #

**2850 N.E. 107th Terrace**

Suite, Apt. #, etc.

**N/A**

City & State

**Bronson, Florida**

Zip

**32621**

Country

**USA**

3. Mailing Office Address

**P.O. Box 204**

Suite, Apt. #, etc.

**N/A**

City & State

**Bronson, Florida**

Zip

**32621-0204**

Country

**USA**

**REINSTATEMENT**

**11-12**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**October 29, 2001**

5. FEI Number

**010556671**

☐ 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

**Kenneth L. Ihlenfeldt**

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

**2850 N.E. 107th Terrace**

Suite, Apt. #, Etc.

**N/A**

City

**Bronson**

State

**FL**

Zip Code

**32621**

**000226169080**  
**03/26/12--01008--003 \*\*300.00**

**MAR 26 2012**

**S. TONER**

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

*Kenneth L. Ihlenfeldt*

REGISTERED AGENT MUST SIGN

Date **March 16, 2012**

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/D	Kenneth L. Ihlenfeldt	2850 N.E. 107th Terrace	Bronson, FL 32621
	Re: Fee waived due to clerical error. SA 3/26		

10. E-mail Address: **triadpicturesinc@gmail.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Kenneth L. Ihlenfeldt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 16, 2012 352 486-2400**

Date

Daytime Phone #