

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 13 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

801-111014

1. Corporation Name

Tri County Pallet Masters Inc.

2. Principal Office Address

1722 NE 25<sup>th</sup> Terr.  
Jensen Bch. FL 34957

3. Mailing Office Address

1722 NE 25<sup>th</sup> Terr.  
Jensen Bch. FL 34957

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Jensen Bch. FL

City & State

Jensen Bch. FL

Zip

34957

Country

USA

Zip

34957

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/2001

5. FEI Number

651154601

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

Charles White Esquire

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

725 N. AFA

300032616223

Suite, Apt. #, Etc.

E-102

04/13/04-01078-002 \*\*\*300 00

City

Jupiter FL

State

FL

Zip Code

33417

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

4/12/04

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
Pres.	Richard E. Leaky	1722 NE 25 <sup>th</sup> Terr.	Jensen Bch. FL 34957

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04

Date

561-315-4423

Daytime Phone #

CR2E081 (01/04)