

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 19 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000117221

1. Corporation Name

TRIANGLE COMMUNICATION, INC.

Principal Place of Business

530 NE 169TH ST.  
N. MIAMI BCH FL 33162

Mailing Address

530 NE 169TH ST.  
N. MIAMI BCH FL 33162

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

2. New Principal Office Address, If Applicable

530 NE 169 ST

Suite, Apt. #, etc.

N

City & State

N. Miami B.

Zip

FL 33162

Country

USA

3. New Mailing Office Address, If Applicable

530 NE 169 ST

Suite, Apt. #, etc.

N

City & State

N. Miami B.

Zip

33162

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/10/2001

5. FEI Number

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
P	HURTADO, JAIRO	530 NE 169TH ST.	N. MIAMI BCH FL 33162

900009054889

11/18/02--01101--001 \*\*150.00

8. Name and Address of Current Registered Agent

HURTADO, JAIRO  
530 NE 169TH ST.  
N. MIAMI BCH FL 33162

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/11/02

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 #

11/11/02

CR2040 (8/02)

11/11/02

FLORIDA DEPARTMENT OF STATE  
TO WHOM MY CONCERN.

I NEVER RECEIVED THE FORM  
THAT, I HAD TO PAY \$150 PER  
YEAR, A SUM I RECEIVED THE  
NOTICE OF DISSOLUTION OR REVOCATION  
I CALLED IMMEDIATELY AND  
THE PERSON THAT ANSWERED THE  
PHONE TOLD ME THAT SEND  
THE CHECK AS SOON AS POSSIBLE.

THANK YOU FOR YOUR HELP.  
TAILO HERTADO.

CORPORATION NAME TRIANGLE COMMUNICATIONS