

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000001906

1. Corporation Name

TRITON TRAILERS CORP.

2. Principal Office Address

10773 NW 58 STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

STE: 120

Suite, Apt. #, etc.

City & State

MIAMI

City & State

Zip
FL

Country
33178

Zip

Country

FILED

06 MAY 10 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800075037928
05/22/06--01067--008 **450.00

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 01-07-2003

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
PAUL F. MENDOZA

Street Address (P.O. Box Number is Not Acceptable)
10773 NW 58 STREET

Suite, Apt. #, Etc.
STE: 120

City
MIAMI

State
FL

Zip Code
33178

8. I, being appointed 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

Date

REGISTERED AGENT MUST SIGN

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	PAUL F. MENDOZA	10773 NW 58 STREETSTE: 120	MIAMI, FL 33178

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 contained in Chapter 119, 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:

PAUL F. MENDOZA

05-09-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #