2012 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P04000037127

1. Entity Name
TRI-EAGLE ATM, INC.

FILED

12 MAR 14 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1705 SAN DAMIAN RD TALLAHASSEE, FL 32303	1705 SAN DAMIAN RD TALLAHASSEE, FL 32303

03142012   REIN-P   CR2E098 (12/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc	
City & State	City & State	4. FEI Number **20-0814836** / Applied For / Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NABULSI, MERHI H 8021 BLOUNTSTOWN HWY TALLAHASSEE, FL 32301	Name _Mohamed Nabulsi_ Street Address (P.O. Box Number is Not Acceptable) _1705 San Damian Rd_ City _Tall_ FL Zip Code _32303_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _Mohamed Nabulsi_   _3/14/12_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $900.00

REINSTATEMENT

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NABULSI, MERHI H		NAME		
STREET ADDRESS	8021 BLOUNTSTOWN HWY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	_11-12_	
TITLE	VT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FARHAT, AFAF A		NAME		
STREET ADDRESS	1705 SANDAMIN ROAD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NABULSI, MOHAMED		NAME	900224775269	
STREET ADDRESS	1705 SAN DAMIAN RD		STREET ADDRESS	03/15/12--01001--007 **900.00	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _Mohamed Nabulsi_   _3-14-12_   _Trieagleatm@yahoo.com_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   DATE   E-MAIL ADDRESS