

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

06 AUG -8 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P04000139073.

1. Entity Name

TRIPLE ROSE REALTY AND INVESTMENTS,
INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
231 Driftwood Road SE
Suite, Apt. #, etc.

3. Mailing Address
231 Driftwood Road SE
Suite, Apt. #, etc.

REINSTATEMENT

05-16

City & State
St. Petersburg, Florida
Zip
33705

Country

City & State
St. Petersburg, Florida
Zip
33705

Country

4. FEI Number
51-0525822

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street, 4th Floor

City
Miami

FL

Zip Code
33145

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

January 1, May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Walker, Mordecai 231 Driftwood Road SE St. Petersburg, Florida 33705
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**DO NOT WRITE
IN THIS SPACE**

K. Eckel AUG 08 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mordecai Walker Mordecai Walker, Pres.

Aug. 4, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2/2

**AFFIDAVIT IN SUPPORT OF REQUEST TO
WAIVE THE FLORIDA DEPARTMENT OF STATE
CORPORATE REINSTATEMENT FEES**

STATE OF FLORIDA)

COUNTY OF PINELLAS)

1. Mordecai Walker is the President of TRIPLE ROSE REALTY AND INVESTMENTS, INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on September 16, 2005.
3. That the Corporation failed to file its 2005 and 2006 Annual Report or pay the 2005 and 2006 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2005 and 2006 Annual Report fees and the filing of its 2005 and 2006 Annual Reports, which are presented simultaneously with this Affidavit.
5. TRIPLE ROSE REALTY AND INVESTMENTS, INC. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 4th day of August, 2006

FURTHER, AFFIANT SAYETH NOT

TRIPLE ROSE REALTY AND INVESTMENTS,
INC.

By: Mordecai Walker
Mordecai Walker, President

SWORN AND SUBSCRIBED

before me this 4th day of August, 2006

Dorothy Willits
Notary Public, State of Florida at Large

Printed Name: _____

Commission Expires: _____

