

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000033444

1. Entity Name
TRITON ENERGY AGENTS, INC.



FILED

07 OCT 10 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5401 COLLINS AVENUE 5401 COLLINS AVENUE
UNIT CU-6 UNIT CU-6
MIAMI BEACH, FL 33140 US MIAMI BEACH, FL 33140 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



4. FEI Number 20-2443759 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name GASTON R. ARELLANO
Street Address (P.O. Box Number is Not Acceptable) 5401 COLLINS AVE #102
City MIAMI BEACH FL Zip Code 33140

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 GASTON R. ARELLANO (NOTE: Registered Agent signature required when reinstating) DATE 10/5/07

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARELLANO, GASTON R 5401 COLLINS AVENUE, APT 102 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: GASTON R. ARELLANO (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE 10/05/07

305-864-6004