

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000033444

1. Corporation Name

TRITON ENERGY AGENTS, INC.

W10 — 5511

2. Principal Office Address - No P.O. Box #

5401 COLLINS AVE

Suite, Apt. #, etc.

CU-9d

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

3. Mailing Office Address

5401 COLLINS AVE

Suite, Apt. #, etc.

CU-9d

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

7. Name and Address of Current Registered Agent

Name

GASTON R. ARELLANO

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

5401 COLLINS AVE

Suite, Apt. #, Etc.

102

City

MIAMI BEACH

State

FL

Zip Code

33140

8. I, being appointed the 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/26/2010

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
<u>PRES</u>	<u>GASTON R. ARELLANO</u>	<u>5401 COLLINS AVE #102</u>	<u>MIAMI BEACH, FL 33140</u>

REINSTATEMENT

RH

10. E-mail Address: GASTON@GASTONRA.COM

(To be used for future annual report notification)

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. I further certify, 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]

FILED

10 MAR 11 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

600167767536
02/02/10--01012--009 **300.00

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida

03/23/2005

5. FEI Number

202443759

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

03/11/10--01002--010 **150.00