PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 MAY 21 AM II: 03		
DOCUMENT # POS 000053810 1. Corporsition Name			,	CRETARY OF TALLAHASSEE, F	STATE LORIDA
TRIUMPHANT TAY	cking, INC.				
2. Principal Office Address - No P.O. Box # 4200 SW 8944 Ave - Suite, Apt. #, etc Suite, Apt. #, etc		ess 770037	REINSTATEMENT 08~10 CR2E081 (4/10) 4. Date Incorporated or Qualified To Do Business in Fiorida 4/12/05		
City & State City & State					
Ocala, Fu Ocala			5. FEI Number 2 <i>O</i> -	2706323	Applied For Not Applicable
2ip Country 4.5.	34477	Country U·S.	6.	OF STATUS DESIDED [7] \$8.75	Additional Fee required Certificate of Status
7. Name and Address of Current Registered Agent			. PI	ROFIT CORPORATIONS O	NLY
Street Address/(P.O. Box Number is Not Acceptable 4200 SW 8941 Suite. Apt. #, Etc.	e A.C.		The \$600.00 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.		
State Zip Code FL 3 478					
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 REGISTERED AGENT MUST SIGN Date 5-19-10					
9. Names and Street Addresses of Each Officer an	nd/or Director (Florida nonpr	rofit corporations must list at le	ast 3 directors)		
Titles Name of Officers and/or Directors	s	Street Address of Each Officer and/or Director		City / State / Zip	
Pres. Raymond A. Why		4200 SW 89th Ave.		Ocala, FL	34481
V.P. Lillie Jones-W	shyte 4:	200 SW 894	٠,٠	Ocala, Fr	34481
4	5/24		90 05/21	1812031 /1001039010	29 **450.00
10. E-mail Address: Dabynay@embaramail.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 owth. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					