

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED

1997 NOV 25 PM 3:20

Read Instructions on Other Side Before Making Entries
 Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT #993000024404

Triangle Import Export Inc.
 13851 S.W. 139th Court
 Miami FL 33186

2. If address in Block 1 is incorrect in any way, enter the correct address below:

Address
 13851 S.W. 139th Ct
 City and State
 Miami FL 33186

3. If Principle Office Address is different from mailing address, enter address below:

Address
 13851 S.W. 139th Ct
 City and State
 Miami FL 33186

4. Date Incorporated or Qualified To Do Business in Florida

3/29/93

5. FEI Number

65-0589704

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P.S.D	Christopher Chase	13851 S.W. 139th Ct	Miami FL 33186

400002364364--2
 -12/05/97--01082--001
 ****365.00 ****365.00

780
 11/25/97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Christopher Chase
 13851 S.W. 139th Ct
 Miami FL 33186

9. If changed, new registered agent / office Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent X Christopher S. Chase
 REGISTERED AGENT MUST SIGN

Date 11-21-97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director X Christopher S. Chase

Date 11-21-97

Daytime Phone # (305) 233-0402

Typed or printed name of signing officer or director

CR2E040 8-92

(2)

Triangle Import Export Inc.
13851 S. W. 139th Court
Miami, Florida 33186
(305) 233-1574

November 21, 1997

Department of Reinstatement
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Application for Reinstatement

Dear Department of Reinstatement:

Based on my telephone conversation with your agent on November 21, 1997, I am forwarding my Application for Reinstatement, along with my check for \$365, representing fees due for 1996 and 1997. She informed me that my check for this amount along with this letter would be sufficient and that all other penalties would not be assessed due to this error. Please note that your records reflect an incorrect mailing address for my company. I have never owned a P. O. Box, therefore, I never received a renewal notice. Please further note and amend your records to show that the mailing address is and should be:

Triangle Import Export Inc.
13851 S. W. 139th Court
Miami, Florida 33186

Thank you for your attention to this matter.

Sincerely,

Christopher Chase
President