

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 28 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000024404**

1. Corporation Name

TRIANGLE IMPORT AND EXPORT, INC.

Principal Place of Business

Mailing Address

1265 S.W. 34TH TERRACE
PALM CITY FL 34990
US

2740 S.W. MARTIN DOWNS BLVD
PMB 221
PALM CITY FL 34990

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~6410 S.W. KANNER HWY.~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~SUITE #1~~

City & State

City & State

~~STUART, FL.~~

Zip

Country

Zip

Country

~~34997~~

~~U.S.A.~~

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1993

5. FEI Number

65-0589704

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FLEMING, BRYAN	1265 S.W. 34TH TERRACE	PALM CITY FL 34990
P	FLEMING, BRYAN	6410 S.W. KANNER HWY. #1	STUART, FL. 34997

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLEMING, BRYAN

2740 S.W. MARTIN DOWNS BLVD., STE 221
PALM CITY FL 34990

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Bryan Fleming
REGISTERED AGENT MUST SIGN

Date

4/22/07

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Bryan Fleming
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRYAN FLEMING 4/22/07 772 219-7755

CR2ED40 (7/03)