

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 13 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 994000029315

1. Corporation Name

Triton Sports Inc.

2. Principal Office Address

5213 Okeechobee Rd
Suite, Apt. #, etc.

3. Mailing Office Address

2042 SE Allamanda Dr
Suite, Apt. #, etc.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

4-15-94 **SP**

5. FEI Number

65-0490198

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

30.75 Additional Fee required
for a Certificate of Status

City & State

FT Pierce FL

Zip Country

34947

City & State

Port St. Lucie FL

Zip Country

34952

7. Name and Address of Current Registered Agent

Name

VINCENT C BRYANT

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

2042 SE Allamanda Dr

Suite, Apt. #, Etc.

000003182680-3

03/24/00 01041 013

***1358.75 ***1358.75

City

Port St Lucie

State
FL

Zip Code

34952

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

Vincent C Bryant
REGISTERED AGENT MUST SIGN

Date 3-8-00

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>VINCENT C BRYANT</u>	<u>2042 SE ALLAMANDA DR</u>	<u>PORT ST LUCIE FL 34952</u>
<u>V. Pres</u>	<u>LAUREN GREGG</u>	<u>3054 OLEANDER DR</u>	<u>LK PLACID FL 33852</u>

10. 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:

Vincent C Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-00

Date

561-464-7755

Daytime Phone #