

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 OCT 18 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000038676

1. Corporation Name

TRIPLE R PROPERTIES, INC.

Principal Place of Business

Mailing Address

MM 68.5 OVERSEAS HWY
LONG KEY FL 33001

MM 68.5 OVERSEAS HWY
LONG KEY FL 33001

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 965
P.O. Box 965
Long Key, FL
33001 USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/1994

5. FEI Number

65-0483630

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
DP	RUEFF, KENNETH C	104 BUTTONWOOD LANE	LONG KEY FL 33001
DV	RUEFF, TRACEY L	104 BUTTONWOOD LANE	LONG KEY FL 33001
			100003446641--6 -11/01/00--01039--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUEFF, KENNETH C
104 BUTTONWOOD LANE
LONG KEY FL 33001

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.

Signature of
Registered Agent

Kenneth Rueff
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-16-00

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:

Tracey L. Rueff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-00 (805) 664-4509
Date Daytime Phone #

CR2E040 (8/00)

Triple R Properties Inc
D/b/a KT's Marina, Bait & Tackle
P.O. Box 965
Long Key, FL 33001
(305) 664-4509
fax (305) 664-0132

lg 2/27

October 16, 2000

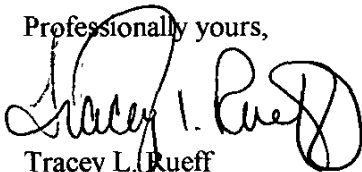
Florida Department of State
Division of Corporations -
Katherine Harris
Secretary of State

Dear Ms. Harris,

Please find enclosed our completed application for Document #P94000038676 and check for \$150.00 filing fee. Upon receiving the notice of intent to dissolve corporation, I called your office and I was informed that the first couple of notices had been returned by the United States Post Office. I unfortunately was not aware there was a problem until I received this notice. On the application, I have made a correction for our new mailing address so that we will not have any future problems.

Thank you for your time and help in this matter.

Professionally yours,



Tracey L. Rueff
Vice President