

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
02 JUL -1 PH 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **95000012623**

1. Corporation Name

TRIAD Research & Consulting, Inc

2. Principal Office Address

3802 Ehrlich Rd.

Suite, Apt. #, etc.

Suite 302

City & State

Tampa, FL

Zip

33624

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0563737

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200006449382--6
-07/16/02--01052--020
****450.00 ****450.00

7. Name and Address of Current Registered Agent

Name

Michael Jay Slater

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

14810 Par Club Circle

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

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

Michael Jay Slater

Date

3/27/02

REGISTERED AGENT MUST SIGN

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
Pres.	Michael Slater	14810 Par Club Circle	Tampa, FL. 33624

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:

Michael Slater

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/27/02

Daytime Phone #

(813) 908-8844

CR2E081 (9/01)



KRUSOE & ASSOCIATES, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

Robert E. Krusoe, C.P.A.
Barbara J. Reynolds, E.A.

2002 N. Lois Avenue, Suite 160
Tampa, Florida 33607
Office (813) 877-8500
Fax (813) 877-2754

June 28, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Triad Research & Consulting, Inc.
65-0563737
P95000012623

Please be advised that the above named taxpayer is delinquent on corporate fees.
Taxpayer moved office locations two years ago and never received notices. He also
thought that his registered agent was taking care of this item.

Enclosed is a check for the back corporate fees in the amount of \$450.00 for the years
2000, 2001, & 2002.

We respectfully request that all back penalties and fees be waived due to the above
circumstances.

Sincerely,

Robert Krusoe, CPA