

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 30 PM 4:00

DOCUMENT # P95000026925

1. Corporation Name

TRIAD INVESTMENT GROUP, INC.

Principal Place of Business

5750 MAJOR BLVD., SUITE 104  
ORLANDO FL 32819

Mailing Address

5750 MAJOR BLVD., SUITE 104  
ORLANDO FL 32819



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/05/1995

5. FEI Number

59-3305722

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BAKER, JOSEPH	5750 MAJOR BLVD., SUITE 104	ORLANDO FL 32819

200004721332--5

-12/12/01--01083--006

\*\*\*900.00 \*\*\*900.00

8. Name and Address of Current Registered Agent

BAKER, JOSEPH  
5750 MAJOR BLVD., SUITE 104  
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name  
BAKER JOSEPH  
Street Address (P.O. Box Number is Not Acceptable)  
4630 S. KIRKMAN #276  
Suite, Apt. #, Etc.  
ORLANDO, FL  
City  
State  
FL  
Zip Code  
32811

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/27/01 AD

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/27/01 407.351.2374

Daytime Phone #