

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

98 NOV 30 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000050431

1. Corporation Name

TRIPLE EAGLE EXPERIENCES, INC.

Principal Place of Business

Mailing Address

39445 GOLDEN GEM ROAD
UMATILLA FL 32784

39445 GOLDEN GEM ROAD
UMATILLA FL 32784

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

2. New Principal Office Address, If Applicable

211 N. CENTRAL AVENUE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 2525
Suite, Apt. #, etc.

City & State

UMATILLA, FL

City & State

UMATILLA, FL

Zip

32784

Country

USA

Zip

32784-2525

Country

USA

REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1996

5. FEI Number

65-0680553

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P	ROTHMAN, MARK	39445 GOLDEN GEM RD	UMATILLA FL 32784
V	JAMES KEVIN MURPHY	1401 LIBERTY AVENUE	MOUNT DORA, FL 32757

400002702334--0

-12/03/98-01038-022

****750.00 ****750.00

11/13

8. Name and Address of Current Registered Agent

PAGAN, DONALD CPA
2000 PALM BEACH LAKES BLVD.
SUITE 800
W PALM BEACH FL 33409

9. Name and Address of New Registered Agent

Name

JAMES KEVIN MURPHY

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

1401 LIBERTY AVENUE

Suite, Apt. #, Etc.

City

MOUNT DORA

State

FL

Zip Code

32757

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

J. Kevin Murphy **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11/13/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

J. Kevin Murphy **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/98
Date

(352) 669-7770
Daytime Phone #

CR2E040 (9/98)