

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **096000050431**

1. Corporation Name

TRIPLE EAGLE EXPERIENCES, INC

REINSTATEMENT 99-02
200009418472
12/09/02--01061--007 **8.75

2. Principal Office Address

39445 GOLDEN GEM DR.

3. Mailing Office Address

PO BOX 2525

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

UMATILLA, FL

City & State

UMATILLA FL

Zip

Country

32784 USA

Zip

Country

32784 USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/12/1996

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. Name and Address of Current Registered Agent

Name

WAYNE DORMNEY

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

6003 AUGUSTA NATIONAL DR

Suite, Apt. #, Etc.

#200

City

ORLANDO

State

FL

Zip Code

32822

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12/01/2002**

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
P	J. KEVIN MURPHY	1401 LIBERTY AVE.	MT. DORA FL 32757
V/H	WAYNE DORMNEY	6003 AUGUSTA NATNL DR.	ORLANDO-FL 32822
S	MARK ROTHMAN	39445 GOLDEN GEM DR.	UMATILLA FL 32784

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/02 (407) 466-7308

Date

Daytime Phone #

CR2E081 (9/01)

12/11