PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 15 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000050431

1. Corporation Name
Triple Eagle Experiences, Inc.

39445 Golden Gem Drive
PO Box 2525

700037946857
06/15/04--01004--005 **908.75

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
39445 Golden Gem Drive	PO Box 2525
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Umatilla, Florida	City & State: Umatilla, Florida
Zip: 32784 / Country: USA	Zip: 32784 / Country: 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: Mark Rothman

Street Address (P.O. Box Number is Not Acceptable): 39445 Golden Gem Drive

Suite, Apt. #, Etc.:

City: Umatilla | State: FL | Zip Code: 32784

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: Mark Rothman Date: 6-11-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	J. Kevin Murphy	1401 Liberty Avenue	Mt. Dora, FL 32757
V Pres	Wayne Dorminey	6003 Augusta National Drive	Orlando, FL 32822
Treas	Craig Lee	550 Fatio Road	Deland, FL 32720
Sec	Mark Rothman	39445 Golden Gem Drive	Uamtilla, 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: Mark Rothman 6-11-04 352-516-7506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #