

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
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000062162**

01 JUN 14 PM 1:47

1. Corporation Name

TRIPLET INVESTMENTS, INC.

Principal Place of Business

Mailing Address

10175 S. COLLINS AVE. STE. 404
BAL HARBOR FL 33154

10175 S. COLLINS AVE. STE. 404
BAL HARBOR FL 33154



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

REINSTATEMENT *00-01*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/17/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0851402

SP
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PANTEL, LES	10175 S COLLINS AVE STE 404	BAL HARBOR FL 33154

300004467723--2
-07/10/01--01069--027
****900.00 ****900.00

8. Name and Address of Current Registered Agent

SALOMON, SCOTT A
2417 UNIVERSITY DR.
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name **LES PANTEL**
Street Address (P.O. Box Number is Not Acceptable) **10175 COLLINS**
Suite, Apt. #, Etc. **404**
City **BAL HARBOR** State **FL** Zip Code **33154**

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

LES PANTEL

REGISTERED AGENT MUST SIGN

Date **21-12-00**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LES PANTEL

Date

Daytime Phone #

12-1-00 954-868-9598

CR2E040 (8/00)