

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

98-2000



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

FILED

00 FEB 10 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000105545

1. Corporation Name

Triple A Homes, Inc.

2. Principal Office Address

3. Mailing Office Address

1616 Gulf to Bay Blvd
Suite, Apt. #, etc.

PO Box 2163
Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater, FL

Zip Country

33755 USA

Zip Country

33758 USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-16-97

5. FEI Number

59-3612687

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

Richard E. Metz

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

1616 Gulf to Bay Blvd.

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33755

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]

Date 2-7-00

REGISTERED AGENT MUST SIGN

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	Richard E. Metz	1616 Gulf to Bay Blvd	Clearwater, FL 33755
Director	"	"	"

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

2-7-00

Date

727 446-7981

Daytime Phone #

CR2E081 (9/99)