

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  
DIVISION OF CORPORATIONS

99 NOV -3 AM 11:46

DOCUMENT # P98000019811

1. Corporation Name

TRIANGLE PROPERTIES OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

2946 DUPONT AVENUE  
JACKSONVILLE FL 32217

2946 DUPONT AVENUE  
JACKSONVILLE FL 32217

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/1998

5. FEI Number

3497273

Applied For

59-9444-007

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/6/17	ROBINSON, JAMES M JR.	2946 DUPONT AVENUE	JACKSONVILLE FL 32217
D/V	OWENS, LILLIAN C	3439 OSCAR FLETCHER ROAD	MCCOLL SC 29570
D/V	ROBINSON, LOULIE O	2946 DUPONT AVENUE	JACKSONVILLE FL 32217

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-11/16/99-01099-004

\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEPRELL, SAMUEL L  
BLACKSTONE BUILDING, SUIT 901  
233 EAST BAY STREET  
JACKSONVILLE FL 32202

Name

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

1990 San Marco Blvd.

Suite, Apt. #, Etc.

Suite 201

City

Jacksonville

State

FL

Zip Code

32207

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

11/1/99

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/99

Date

(904) 686-AD755

Daytime Phone #

CR25040 (8/99)

Triangle Properties of Jacksonville, Inc.  
2946 Dupont Avenue  
Jacksonville, FL 32217

November 1, 1999

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Waiver of Reinstatement Fee Request for P98000019811

Gentlemen:

Late last week I received a Notice of Administrative Dissolution or Revocation related to Triangle Properties of Jacksonville, Inc. Your notice makes reference to previous notifications in the form of second notice annual reports.

I checked with your office this morning. According to Tyrone in your office, the mailing address on file in your office is correct; however, I received neither the original nor second notice annual reports.

I respectfully request a waiver of the reinstatement fee of \$600. Payment for the annual report fee of \$150 is enclosed. Also, the reinstatement application is provided in lieu of our annual report. Please note the change of address for our registered agent.

I appreciate your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "James M. Robinson", written over a horizontal line.

James M. Robinson  
President

Enclosures