

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 17 PH 3:43

DOCUMENT # P 98 000044316

1. Corporation Name

The Triple Adrian Marketing Group, Inc.

2. Principal Office Address

511 Hopkins Landing

Suite, Apt. #, etc.

City & State

Quincy FL

Zip

32351

Country

USA

3. Mailing Office Address

511 Hopkins Landing

Suite, Apt. #, etc.

City & State

Quincy FL

Zip

32351

Country

USA

200024050642
10/23/03--01059--021 **158.75
REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/98

5. FEI Number

593510689

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

Adrian C. Fletcher

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

511 Hopkins Landing

Suite, Apt. #, Etc.

City

Quincy

State
FL

Zip Code

32351

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

Adrian C. Fletcher

Date

10/17/03

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
President	Adrian C Fletcher	511 Hopkins Landing	Quincy FL 32351
Director			
Secretary			

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:

Adrian C Fletcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03

Date

8509802121

Daytime Phone #

CR2E081 (10/02)

**The Triple Adrian Marketing Group, Inc.
511 Hopkins Landing
Quincy, FL 32351
850.980.2121
850.980.2122 fax
acf2121@aol.com
October 17, 2003**

**Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399**

**Re: Document #: P98000044316
To Whom It May Concern:**

Enclosed please find the completed annual report form for The Triple Adrian Marketing Group, Inc. This is to request that the penalty for late filing be waived due to the fact that the original renewal application was never received due to the relocation of the Corporate offices. All prior annual reports were timely filed.

Sincerely,



**Adrian C. Fletcher
President and Registered Agent**

Enclosures