

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000056028

1. Corporation Name

TRIAD INDUSTRIAL CORPORATION

Principal Place of Business

Mailing Address

5625 SW 88 Avenue

5625 SW 88 Avenue

Cooper City, FL 33328

Cooper City, FL 33328

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

2500 Park Rd. Bay 2

2500 Park Rd. Bay 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pembroke Park, Florida

Pembroke Park, Florida

Zip

Country

Zip

Country

33009

USA

33009

USA

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/1999

5. FEI Number

65-0984155

Applied For

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPT	GOLDFARB, Carl	5625 SW 88 Avenue	Cooper City, FL 33328
DVPS	GUILLEN, Jorge	18894 SW 29 Court	Miramar, FL 33029

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Carl Goldfarb
5625 SW 88 Avenue
Cooper City, FL 33009

Name

Carl Goldfarb

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

5625 SW 88 Avenue

Suite, Apt. #, Etc.

City

Cooper City

State

FL

Zip Code

33009

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

Carl Goldfarb

REGISTERED AGENT MUST SIGN

Date 12/18/2000

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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

Carl Goldfarb, President

12/18/2000 (954) 434-3255

Date

Daytime Phone #

CR20040 (1/98)