

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 26 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000110479

1. Corporation Name

Triple Peak America Inc.

2. Principal Office Address

816 Mary's Park Place

Suite, Apt. #, etc.

3. Mailing Office Address

formally 822 Mary's Park Place

Suite, Apt. #, etc.

City & State

Winter Garden

City & State

Fla

Zip

34787

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2001

5. FEI Number

59-3623225

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

Grant Smith

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

2619 Rangleley Court

Suite, Apt. #, Etc.

City

Orlando

800012975408

02/24/03--01005--005 \*\*750.00

800012975408

03/26/03--01066--005 \*\*900.00

State

FL

Zip Code

32835

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

*Grant Smith*

REGISTERED AGENT MUST SIGN

Date 2-17-03

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
10	Grant Smith	2619 Rangleley Ct.	Orlando Fl 32835

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:

*Grant Smith*  
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRANT SMITH

2-17-03

Date

407-656-2434

Daytime Phone #

CR2E081 (10/02)