PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -4 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 543340

1. Corporation Name

TRIPLE D PROPERTIES, INC.

Principal Place of Business	Mailing Address
MR. STEVE MESSING, KPMG PEAT MARWICK 110 EAST BROWARD BLVD FT. LAUDERDALE FL 33301	MR. STEVE MESSING, KPMG PEAT MARWICK 110 EAST BROWARD BLVD FT. LAUDERDALE FL 33301

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

REINSTATEMENT ale

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: USA	Zip / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/18/1977

5. FEI Number: 59-1814288 — Applied F / Not Appli

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee re for a Certificate of St

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
P	MOORE, BRIAN	44 THE LITTLE BOLTONS	LONDON ENGLAND
VST	WRIGHT, ROBERT	300 BEECHFIELD ROAD	OAKVILLE ONTARIO CANADA

000002022520--7
-12/06/96--01087--006
****383.75 ****383.75

8. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM
1201 HAYS ST.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
Suite, Apt. #, Etc.:
City: TALLAHASSEE | State: FL | Zip Code: 32301

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: Karen B Rozar
CORPORATION SERVICE COMPANY
KAREN B. ROZAR, AS AGENT
Date: 12/4/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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 thi 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 fee 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 indi on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: S.C. [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 2/96
Date

305-574-8889
Daytime Phone #