

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000003460

1. Entity Name
TRIPLE V FOODS INC.



Principal Place of Business
4628 EL MAR DRIVE
LAUDERDALE-BY-THE-SEA, FL 33308

Mailing Address
4628 EL MAR DRIVE
LAUDERDALE-BY-THE-SEA, FL 33308

2. Principal Place of Business
4628 EL MAR DRIVE
Suite, Apt. #, etc.

3. Mailing Address
4628 EL MAR DRIVE
Suite, Apt. #, etc.

City & State
LAUDERDALE BY THE SEA, FL
Zip 33308 Country USA

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LAUDERDALE BY THE SEA, FL
Zip 33308 Country USA

11142006 REIN-P CR2E098 (11/05)

4. FEI Number
11-3264594
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VERME, LAURIE J
4628 EL MAR DRIVE
LAUDERDALE-BY-THE-SEA, FL 33308

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CPS	<input type="checkbox"/> Delete
NAME	VERME, LAURIE J	
STREET ADDRESS	4628 EL MAR DRIVE	
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA, FL 33308	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VERME, JAY	
STREET ADDRESS	33 SOUTHDOWN RD	
CITY-ST-ZIP	HUNTINGTON, NY 11743	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800082468628	
STREET ADDRESS	12/12/06--01030--005 **\$150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800082468628	
STREET ADDRESS	12/12/06--01030--006 **\$8.75	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-06
Date

9545494250
Daytime Phone #

W. Williams DEC - 4 2006

FILED

2006 DEC -4 AM 4:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

