

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H07676

FILED
Jan 21, 2009
Secretary of State

Entity Name: TRIPLE NICKLE ASPHALT PAVING, INC.

Current Principal Place of Business:

3195 NORTH POWERLINE ROAD
103 E
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

1300 NW 18TH STREET
POMPANO BEACH, FL 33069 US

Current Mailing Address:

6009 NW 1ST STREET
MARGATE, FL 33063 US

New Mailing Address:

13595 SW 53RD STREET
OCALA, FL 34481 US

FEI Number: 59-2421912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAGLIO, RENEE
6009 N.W. 1ST STREET
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

MAGLIO, RENEE
13595 SW 53RD STREET
OCALA, FL 34481 US

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.

SIGNATURE: RENEE MAGLIO

01/21/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAGLIO, DANIEL
Address: 6009 N.W. 1ST STREET
City-St-Zip: MARGATE, FL 33063

Title: VP () Delete
Name: MAGLIO, RENEE
Address: 6009 NW 1ST STREET
City-St-Zip: MARGATE, FL 33063

Title: DSDT () Delete
Name: BAKER, MICHELENE
Address: 6238 N.W. 1ST STREET
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAGLIO, DANIEL
Address: 13595 SW 53RD STREET
City-St-Zip: OCALA, FL 34481

Title: VP (X) Change () Addition
Name: MAGLIO, RENEE
Address: 13595 SW 53RD STREET
City-St-Zip: OCALA, FL 34481

Title: DSDT (X) Change () Addition
Name: BAKER, MICHELENE
Address: 13471 SW 53RD STREET
City-St-Zip: OCALA, FL 34481

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELENE BAKER

DSDT

01/21/2009

Electronic Signature of Signing Officer or Director

Date