

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -8 AM 10:54

DOCUMENT # L00000003246

1. Limited Liability Company's Name

Triple D Investments, L.L.C.

900066208369
02/20/06--01059--007 **150.00

CR2E041 (8/05)

2. Principal Office Address 7385 S. W. 87 Avenue		3. Mailing Office Address 7385 S. W. 87 Avenue	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33173	Country USA	Zip 33173	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida-- 3/22/00	
6. FEI Number 65-1005408	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Charles E. Muller II
Street Address (P.O. Box Number is Not Acceptable)
7385 S. W. 87 Avenue
Suite, Apt. #, Etc.
Suite 200
City
Miami

900066208369
02/20/06--01059--008 **101.00
State
FL
Zip Code
33173

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Damon DeSantis	12121 N.W. 11 Street	Plantation, Florida 33323
MGRM	Dean DeSantis	799 Sanctuary Drive	Boca Raton, Florida 33431
MGRM	Deborah DeSantis	86 MacFarlane Drive, Unit 9-J	Delray Beach, Florida 33483

REINSTATEMENT @ 4-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Damon DeSantis Date 1/19/06 Daytime Phone # (305) 670-6770

Typed or printed name of signing Managing Member/Manager Damon DeSantis