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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

~~APPLICATION~~ LLC UBR
FOR
REINSTATEMENT
2002

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 31 AM 10:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000013336

Name and Mailing Address

0010525 01 FP 0.352 **PRSRT H9 0 0615 34711-745582
TRIPLE FISH INTERNATIONAL, L.C.
382 HATTERAS AVE.
CLERMONT FL 34711-7455

MJM

10/31

2. New Mailing Address

~~City, State, Zip~~

4. State/Country of Formation
FL

5. ~~Date Organized or Qualified~~
To Do Business in Florida 08/08/2001

Principal Place of Business
382 HATTERAS AVE.
CLERMONT FL 34711

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number 59-3737315 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

FINKBEINER, FRANK G
108 E. HILLCREST ST.
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
300008731483
10/31/02--01077--002 **50.00

City FL Zip Code

10. 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 10-24-02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MR	John David Burkhardt	10590 Lake Hill Drive	Clermont FL 34711

12. 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 _____ Date 10/24/02 Daytime Phone # 352 243 0873

Typed or printed name of signing Managing Member/Manager

2003

Triple Fish

Intl.
382 Hatteras Ave., Clermont, Fl. 34711
Ph: 352-243-0873- Fax : 352-243-0874
E-mail: customerservice@triplefish.net

10/24/02

To Whom It May Concern,

I talked to Joey at this # 850-245-6051 about not receiving the UBR for 2002. He advised me to write to you and let you know we did not receive this form. Joey said to send the amount of $50.00 with the form and to look for the UBR for 2003 in January, if we do not receive it to call ASAP.

Thank you,
Pam Matson
Office Manager