

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 21 PM 4:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MMH

1. DOCUMENT # L02000015585

Name and Mailing Address

0015074 01 AB 0.301 **AUTO T6 2 0615 32669-276560



TRIPLE M ENTERPRISES, LLC
P.M. BOX 141
14260 W. NEWBERRY ROAD
NEWBERRY FL 32669-2765



5/2

2. New Mailing Address		4. State/Country of Formation FL									
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/20/2002									
Principal Place of Business P.M. BOX 141 14260 W. NEWBERRY ROAD NEWBERRY FL 32669	3. New Principal Place of Business Address City, State, Zip	6. FEI Number (EIN #) 68-0538986	Applied For 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 MOTEN, MICHAEL 14260 W. NEWBERRY ROAD NEWBERRY FL 32669		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <u>[Signature]</u> SIGNATURE REQUIRED Date <u>2-19-04</u> REGISTERED AGENT MUST SIGN											
11. Names and Street Addresses of Each Managing Member/Manager											
<table border="1"> <tr> <td>14260 W. NEWBERRY ROAD</td> <td>NEWBERRY FL 32669</td> </tr> <tr> <td>14260 W. NEWBERRY ROAD</td> <td>NEWBERRY FL 32669</td> </tr> <tr> <td>CEO MICHAEL MOTEN</td> <td>0029303227</td> </tr> <tr> <td></td> <td>02/24/04--01036--004 **200.00</td> </tr> </table>				14260 W. NEWBERRY ROAD	NEWBERRY FL 32669	14260 W. NEWBERRY ROAD	NEWBERRY FL 32669	CEO MICHAEL MOTEN	0029303227		02/24/04--01036--004 **200.00
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CEO MICHAEL MOTEN	0029303227										
	02/24/04--01036--004 **200.00										
REINSTATEMENT 2003-2004											

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 corrected, 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 [Signature] **SIGNATURE REQUIRED** Date 2-19-04 Daytime Phone # (386) 679-8262

Typed or printed name of signing Managing Member/Manager MICHAEL MOTEN

CR2E084 (7/03)