

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 DEC 26 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000017618

Name and Mailing Address

0005479 01 AT 0.292 **AUTO T2 2 0615 33071-564532



TRIPLE BUZZ DISTRIBUTORS, L.L.C.
932 CORAL CLUB DR.
CORAL SPRINGS FL 33071-5645



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/12/2002	
Principal Place of Business 932 CORAL CLUB DR. CORAL SPRINGS FL 33071	3. New Principal Place of Business Address 920 Coral Club Drive City, State, Zip Coral Springs, FL 33071	6. FEI Number 20-0000445	Applied For Not Applicable
8. Name and Address of Current Registered Agent RICHARD S. PILLINGER, P.A. 3300 UNIVERSITY DR., STE. 901 CORAL SPRINGS FL 33065		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300025773333 12/26/03--01049--012 ***150.00 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 <u>SIGNATURE REQUIRED</u> Date 12/15/03 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
PM	Vahed Bayazi	920 CORAL CLUB DR	CORAL SPRINGS FL 33071
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 <u>SIGNATURE REQUIRED</u>		Date 12/15	Daytime Phone # 954 234 1451
Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)

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