



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L020000026868

0003545 01 AT 0.292 **AUTO TS 0 0615 32806-254602

Information Systems

TRIPLE B PROPERTIES, L.L.C.

2602 VINE STREET

ORLANDO FL 32806-2546

400024380484

11/03/03--01065--011 **155.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/10/2002	
Principal Place of Business 2602 VINE STREET ORLANDO FL 32806	3. New Principal Place of Business Address		6. FEI Number N/A
	City, State, Zip		Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent BOWEN, HOWARD E 2602 VINE STREET ORLANDO FL 32806		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 an above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> REINSTATEMENT REQUIRED Date <i>Dec 29, 2003</i> 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
MANAGER	HOWARD E. BOWEN	2602 VINE ST.	ORLANDO, FL 32803
REINSTATEMENT <i>03-29</i> <i>dec</i>			
12. I certify that I am managing member/manager of 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 <i>[Signature]</i> REINSTATEMENT REQUIRED Date <i>04-29-03</i> Daytime Phone # <i>407-894-4499</i>			
Typed or printed name of signing Managing Member/Manager HOWARD E. BOWEN			