

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 FEB 24 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L03000014710

1. Limited Liability Company's Name

Triple G Holdings, LLC

600066225796  
02/20/06--01094--003 \*\*\$5.00

CR2E041 (8/05)

M. HODGES

2. Principal Office Address

11691 Royal Grove Way  
Suite, Apt. #, etc.

3. Mailing Office Address

11691 Royal Grove Way  
Suite, Apt. #, etc.

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

March 15, 2003

6. FEI Number

13-4252570

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

Weston, Florida

Zip

33324

Country

U.S.A.

City & State

Weston, Florida

Zip

33324

Country

U.S.A.

8. Name and Address of Current Registered Agent

Name

Mary Beth Comuzzi

Street Address (P.O. Box Number is Not Acceptable)

11691 Royal Grove Way

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33324-1604

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

Mary Beth Comuzzi

REGISTERED AGENT MUST SIGN

Date 02/17/06

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
MEM	Mary Beth Comuzzi	11691 Royal Grove Way	Weston, Florida 33324
NGRM	Dario Comuzzi	11691 Royal Grove Way	Weston, Florida 33324
			2004-2005
			REINSTATEMENT

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

Mary Beth Comuzzi

Date 02/17/06

Daytime Phone #

954.217.2436

Typed or printed name of signing Managing Member/Manager

Mary Beth Comuzzi