

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 MAR 24 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *L03000045406*

1. Limited Liability Company's Name

Triple T Ventures, LLC

900146470869
03/20/09--01014--017 **793.75
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

2190 Hollyhill Road

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Zip

32526

Country

U.S.A.

Zip

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida *11/8/2003*

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Richard H Trahan III

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

2190 Hollyhill Road

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32526

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

[Signature]

Date

3/19/2009

REGISTERED AGENT MUST SIGN

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
<i>MGR</i>	<i>Richard H Trahan III</i>	<i>2190 Hollyhill Road</i>	<i>Pensacola, FL 32526</i>
<i>MGR</i>	<i>Pamela Trahan</i>	<i>2190 Hollyhill Road</i>	<i>Pensacola, FL 32526</i>
<i>MGR</i>	<i>Joshua Trahan</i>	<i>1720 N Baylen St</i>	<i>Pensacola, FL 32501</i>
			S. HAWKES
			MAR 26 2009
			EXAMINER

REINSTATEMENT
2005-09

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

[Signature]

Date

3/19/2009

Daytime Phone #

(850) 432-1411

Typed or printed name of signing Managing Member/Manager

Richard H Trahan III