PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2011 JAN 12 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/04/11--01070--015 **238.75

CR2E041 (05/10)

DOCUMENT # L05000011557

1. Limited Liability Company's Name
Triple play LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3186 Gateway Lane	3186 Gateway Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cantonment, Fl	City & State: Cantonment, Fl
Zip: 32533 Country: USA	Zip: 32533 Country: USA

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: 2-3-05

6. FEI Number: 522455636 ☐ 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: Misty Hiatt

Street Address (P.O. Box Number is Not Acceptable): 30 Littleton Street

Suite, Apt. #, Etc.

City: Cantonment State: FL Zip Code: 32533

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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: Misty Hiatt (REGISTERED AGENT MUST SIGN) Date: 12-28-10

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
MGR	Misty Hiatt	3186 Gateway Lane	Cantonment, Fl, 32533
MGR	Phil Hiatt	3186 Gateway Lane	Cantonment, Fl, 32533
	REINSTATEMENT -10 + 11		

11. E-mail Address: misty.tripleplay[redacted]23@gmail.com
(To be used for future annual report notifications)

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: Misty Hiatt Date: 12/28/10 Daytime Phone #: 850-712-1611

Typed or printed name of signing Managing Member/Manager: misty Hiatt

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