PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 25 PM 3:33

CR2E041 (1/11)

DOCUMENT # L05000073677

1. Limited Liability Company's Name

TRIPLE-D, LLC

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2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2475 Mercer Ave		2475 Mercer Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Ste 103		Ste 103	
City & State		City & State	
West Palm Beach, FL		West Palm Beach, FL	
Zip	Country	Zip	Country
33401	U.S.	33401	U.S.

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 07/27/2005

6. FEI Number: 203844230 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ (Check additional Fee required for a Certificate of Status)

8. Name and Address of Current Registered Agent

Name: ARIEL J DORRA

Street Address (P.O. Box Number is Not Acceptable): 2475 Mercer Ave

Suite, Apt. #, Etc.: Ste 103

City: West Palm Beach | State: FL | Zip Code: 33401

E-mail Address:

100210160751
07/20/11--01001--013 **516.25

dorra@wpbcpa.com
(To be used for future annual report notices)

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 _____ Date 7/19/2011
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
Manager	ARIEL J DORRA	2475 Mercer Ave Ste 103	West Palm Beach, FL 33401

REINSTATEMENT 2009-2011

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 608.508, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 7/19/2011 Daytime Phone # (561)386-1291

Typed or printed name of signing Managing Member/Manager

ARIEL J. DORRA