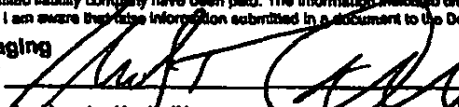


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000073677			
1. Limited Liability Company's Name TRIPLE-D, LLC 09			
2. Principal Office Address - No P.O. Box # 2475 Mercer Ave		3. Mailing Office Address 2475 Mercer Ave	
Suite, Apt. #, etc. Ste 103		Suite, Apt. #, etc. Ste 103	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33401	Country U.S.	Zip 33401	Country U.S.
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 07/27/2005	
6. FBI Number 203844230		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒ 1008 State Additional Fee required for a Certificate of Status 07/20/11			
8. Name and Address of Current Registered Agent Name ARIEL J DORRA		E-mail Address 100210160751 07/20/11--01001--013 **516.35 dorra@wpbcpa.com (To be used for future annual report notices)	
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	
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			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	ARIEL J DORRA	2475 Mercer Ave Ste 103	West Palm Beach, FL 33401
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 608.408, 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			

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

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REINSTATEMENT 2009-2011