

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 JAN 21 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000093459

1. Limited Liability Company's Name

Triple A Realty, LLC

300192153643  
01/24/11--01001--002 \*\*521.25

CR2E041 (1/11)

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

182 Sparkleberry Blvd S.  
Suite, Apt. #, etc.

3. Mailing Office Address

182 Sparkleberry Blvd S.  
Suite, Apt. #, etc.

City & State

Quincy, FL

City & State

Quincy, FL

Zip

32351

Country

USA

Zip

32351

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

9/2007

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

Mary Anne Mathews

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

182 Sparkleberry Blvd S

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

E-mail Address:

triplearealtyllc@yahoo.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

Mary A. Mathews

Date 1/21/2011

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MEM    | Mary Anne Mathews                    | 182 Sparkleberry Blvd S.                          | Quincy, FL 32351   |

REINSTATEMENT

L. SELLERS

JAN 21 2011

EXAMINER

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. 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

Mary A. Mathews

Date

1/21/11

Daytime Phone # 950-556-2303

Typed or printed name of signing Managing Member/Manager

Mary Anne Mathews