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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
TRIPLE V CAPITAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$238.75

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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T. HAMPTON
OCT - 6 2010
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # L07000097711

1. Limited Liability Company's Name

TRIPLE V CAPITAL, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5210 SW 130 Ave.	5210 SW 130 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Southwest Ranch, FL	City & State: Southwest Ranch, FL
Zip: 33330 Country: USA	Zip: 33330 Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 09/25/2007

6. FEI Number: 26-1139356 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number Is Not Acceptable): 1201 Hays St.

Suite, Apt. #, Etc

City: Tallahassee State: FL Zip Code: 32301

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: Vivee Persaud Date: 10/5/10
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
MGRM	Wilberne Persaud	5210 SW 130 Ave.	Southwest Ranches, FL 33330
MGRM	Viveen Persaud	5210 SW 130 Ave.	Southwest Ranches, FL 33330

11. E-mail Address: [illegible] (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: _____ Date: 9/28/10 Daytime Phone #: 305-409-8911

Typed or printed name of signing Managing Member/Manager: Wilberne Persaud

REINSTATEMENT 2010