

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 29 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # **L 99000005663**
1. Limited Liability Company's Name
**TRIPLE CROWN INSTALLATION &
SALES LLC**

2. Principal Office Address
101 JAMES PL
Suite, Apt. #, etc.:
City & State:
GROVELAND
Zip
34736 Country
USA

3. Mailing Office Address
P.O. BOX 702
Suite, Apt. #, etc.:
City & State:
GROVELAND
Zip
34736 Country
USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
9/99

6. FEI Number
59-3603431 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
SANDRA K. ZIMMERMAN **900003524429-3**

Street Address (P.O. Box Number is Not Acceptable)
101 JAMES PLACE **-01/05/01--01018--007**
******155.00 ****195.00**

Suite, Apt. #, Etc.

City
GROVELAND State
FL Zip Code
34736

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 **Sandra K Zimmerman** Date **12/24/00**
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
PRES	SANDRA K ZIMMERMAN	101 JAMES PLACE	GROVELAND, FL 34736

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.

Signature of Managing Member/Manager **Sandra K Zimmerman** Date **12/24/00** Daytime Phone # **429-4500**
Typed or printed name of signing Managing Member/Manager **SANDRA K. ZIMMERMAN**

CR2E041 (9/00)