

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

3. Mailing Office Address

P.O. Box 702

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GROVELAND

City & State

GROVELAND

Zip

34736

Country

USA

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 ****155.00**

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
REGISTERED AGENT MUST SIGN

Date **12/24/00**

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