

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

08 MAR 28 AM 6:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4.1-08 *LM*

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N0500005556*

1. Corporation Name

TRIPLE THREAT INC

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

2700 FIORE WAY

Suite, Apt. #, etc.

203

City & State

DELRAY BEACH FL

Zip

33445

Country

U.S.

3. Mailing Office Address

2700 FIORE WAY

Suite, Apt. #, etc.

203

City & State

DELRAY BEACH FL

Zip

33445

Country

U.S.

7. Name and Address of Current Registered Agent

Name

MARTINTOCH M. ROSEME

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

2700 FIORE WAY

Suite, Apt. #, Etc.

203

City

DELRAY BEACH

State

FL

Zip Code

33445

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date *3-26-08*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>DIRECTOR</i>	<i>Rhonda Williams</i>	<i>28 NW 13th AVE</i>	<i>DELRAY BEACH FL 33445</i>
<i>DIRECTOR</i>	<i>Kevin Huggins</i>	<i>5048 BUCHANAN</i>	<i>DELRAY BEACH FL 33484</i>
<i>OFFICER</i>	<i>Mike Wilson</i>	<i>1401 WEST 24th STREET RIVERA BEACH FL 33404</i>	<i>RIVERA BEACH FL 33404</i>

000122764570

04/09/08--01045--018 **237.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

3-26-08

Daytime Phone #

REINSTATEMENT *06-08*

4. Date Incorporated or Qualified
To Do Business in Florida

3-23-2005

5. FEI Number

47-0951984

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023

000908.168809.0005.001 1 AT 0.292 702



MARTINTOCH MARK ROSEME
COACH ROSEME
4093 NW 114TH AVE
CORAL SPRINGS FL 33065

5908755*

Date of this notice: 03-23-2005

Employer Identification Number:
47-0951984

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 47-0951984. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records.
- * Use this EIN and your name exactly as they appear above on all your federal tax forms.
- * Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.

Triple Threat LLC

29813