

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N05000005556

**FILED**  
**May 06, 2010**  
**Secretary of State**

**Entity Name:** TRIPLE THREAT, INC.

**Current Principal Place of Business:**

2700 FIORE WAY  
#203  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

829 CAMINO ROAD  
SUITE B215  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

2700 FIORE WAY  
#203  
DELRAY BEACH, FL 33445

**New Mailing Address:**

829 CAMINO ROAD  
SUITE B215  
DELRAY BEACH, FL 33445

**FEI Number:** 47-0951984

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROSEME, MARTINTOCH M  
2700 FIORE WAY  
#203  
DELRAY BEACH, FL 33445 US

**Name and Address of New Registered Agent:**

ROSEME, MARTINTOCH M  
829 CAMINO ROAD  
SUITE B216  
DELRAY BEACH, FL 33445 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** MARTINTOCH MARK ROSEME

05/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** M  
**Name:** LEMARE, ROBIN  
**Address:** 829 CAMINO ROAD - SUITE B215  
**City-St-Zip:** DELRAY BEACH, FL 33445

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MARTINTOCH MARK ROSEME

FND

05/06/2010

Electronic Signature of Signing Officer or Director

Date