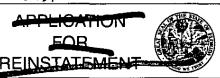
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P01000070215

1. Corporation Name

THREE GGG, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

FILED

03 OCT 16 AM 9: 3

SECRETARY OF STATE TALLAHASSTE, FLORIDA

16120 SW 282 STREET 16120 SW HOMESTEAD FL 33033 HOMESTEA				82 STREET O FL 33033								
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							08-29			903	1550.00	
New Principal Office Address, If Applicable     3. New Mail					ing Office Address, If Applicable			Date Incorporated or Qualified     To Do Busíness in Florida     07/17/2001				
Suite, Apt. #, etc. Suite, Apt. #				, etc.			5. FEI Number Applied For					
City & State City 8				& State			65-1121356 Not Applicable					
Zip		·Country	Zip		Country	,	6. CERTIFICATE	E OF STATI	JS DESIRED [	\$8,75 Add for a Ce	itional Fee required rtificate of Status	
7. Names	and Street Ad	dresses of Each Officer and	t/or Director (Flo	ida nonpro	fit corpora	tions must list at lea	st 3 directors)					
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			_	City / State / Zip				
PD	SANDOVAL, GUSTAVO			16120 SW 282 STREET			HOMESTEAD FL 33033					
VPD	SANDOVAL, NATY			16120 SW 282 STREET			HOMESTEAD FL 33033					
						104.17			*1+*			
	_		Invito			<del></del>				· <u>·</u>		
8. Name and Address of Current Registered Agent							Name and Address of New Registered Agent					
Name									<u>-</u>	<u> </u>		
SANDOVAL, GUSTAVO						Street Address (P.O. Box Number is Not Acceptable)						
HOMESTEAD FL 33033					Suite, Apt. #, Etc.							
						City State Zip Code						
10. I, being	appointed th	e registered agent of the ab	oove named corpo	ration, am t	familiar wit	th and accept the ob	ligations of Secti	ion 607.05	505, F.S. or 6	17.0505, F.S.		
				c ==	a 🗢 a a					1	,	
Signature of Registered Agent Date /0/13/03  REGISTERED EN MUST SIGN												
11. I certify	that I am an o	officer or director or the rece	eiver or trustee en	powered to	execute 1	this application as p	rovided for in cha	apter 607 (	or 617, F.S. I	further certify t	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 they names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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.

TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR