

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 16 AM 11:48

DOCUMENT # P02000047556

1. Corporation Name

Triple C Consulting, Inc.

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

14241 SW 78 Ct

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33158

Country

US

3. Mailing Office Address

14241 SW 78 Ct

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33158

Country

US

7. Name and Address of Current Registered Agent

Name

Cecilia E. Gonzalez

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

14241 SW 78 Ct.

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33158

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

Cecilia Gonzalez

REGISTERED AGENT MUST SIGN

Date 5/25/10

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
S	CECILIA GONZALEZ	14241 SW 78TH CT MIAMI, FL 33158	MIAMI, FL 33158

10. E-mail Address: Gonz3097@BellSouth.net

(To be used for future annual report notification)

11. 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. I further certify, 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:

Cecilia Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/10

Date

305 3788908

Daytime Phone #

REINSTATEMENT 07-10
CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

4/30/2002

5. FEI Number

270010487

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.