## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	SECRETARY OF State DIVISION OF CORPORATIONS		09 OCT 13 AM 9: 12  SECRETARY OF STATE FALLAHASSEE, FLORIDA		
DOCUMENT # PO300 1. Corporation Name  TRIPOD COllision		HOP, INC.	Ţ,	ALLAHASSEE, FLORIDA	
2. Principal Office Address - No P.O. Box #  620 NW 2 QVE  Suite, Apt. #, etc.	3. Malling Office Address 6220 NW 2 AVK Sulte, Apt. #, etc.		CR2E081 (12/08)		
City & State  MIAMI  Eip Country  Florida Dade	City & State  Mipm' R  Zip  33150	MIPAN' R/		4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number  7. 092643/  6. CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status	
Name  ORES NELSON  Street Address (P.O. Box Number is Not Acceptable)  62 2 0 NO 2 p / 8  Suite, Apt. #, Etc.  City  Mi Ami Floarl  FL 33 (50)			The 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.		
8. I, being appointed the registered agent of the Signature of Registered Agent	above named corporation, am REGISTERED AGENT MUST			7.0505 or 617.0503, F.S. Date 10-13-09	
9. Names and Street Addresses of Each Officer	and/or Director (Florida nonpre	ofit corporations must list at le	ast 3 directors)		
Titles Name of Officers and/or Direc	tors	Street Address of Each Officer and/or Director		City / State / Zip	
P ORES NELSON 488		88 NW 165 ST nd mismi FB3175			
			900161646019 10/18/0901025011 **150.00		
<b>REINSTAT</b>	EMENT				
		<b>RH</b>			
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 Date Daytime Phone #					