

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 26 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000016477	
1. Entity Name TRIPLE D M ENTERPRISES, INC.	



Principal Place of Business 931 NW 12TH AVENUE FT. LAUDERDALE, FL 33311	Mailing Address 931 NW 12TH AVENUE FT. LAUDERDALE, FL 33311
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2. Principal Place of Business 931 N.W 12th AVENUE Suite, Apt. #, etc.	3. Mailing Address 931 NW 12th AVENUE Suite, Apt. #, etc.
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City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33311	Zip 33311
Country BROWARD	Country BROWARD

6. Name and Address of Current Registered Agent DI MARCO, SANTO 931 NW 12TH AVENUE FT. LAUDERDALE, FL 33311	
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11132006 REIN-P... CR2E098 (11/05)

4. FEI Number 11-3676925	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name JOE DI GIOVANNI	
Street Address (P.O. Box Number is Not Acceptable) 931 N.W 12th AVENUE	
City Ft. Lauderdale	FL Zip Code 33311

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JOE DI GIOVANNI (VICE-PRESIDENT) 12-14-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI MARCO, SANTO 623 RIVIERA ISLE DRIVE FT. LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT JOE DI GIOVANNI 931 N.W 12th AVENUE FT. LAUDERDALE, FL 33311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NUNZIO DI GIOVANNI 931 N.W. 12th AVENUE FT. LAUDERDALE, FL 33311 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100082617691 12/18/06-01052-002 **\$750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 12-14-06 954-525-6135
Signature and typed or printed name of signing officer or director Date Daytime Phone #

K. Eckel DEC 26 2006