

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JAN 12 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000061685

1. Corporation Name

TRIPLE G ENTERPRISES, INC.

4905 W. Laurel Street
4905 W. Laurel Street

2. Principal Office Address

4905 W. Laurel Street

3. Mailing Office Address

4905 W. Laurel Street

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33607

Country

USA

Zip

33607

Country

USA

4. Date incorporated or Qualified

To Do Business in Florida 06/03/2003

5. FEI Number

16-1669854

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stephen L. Kussner, GrayRobinson, P.A.

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

Suite, Apt. #, Etc.
Suite 2200

City

Tampa,

State
FL

Zip Code
33602

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 1/12/2005

REGISTERED AGENT MUST SIGN

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
P/D	Grace G. Giunta	576 Riviera Drive	Tampa, FL 33606
VP/D	Richard S. Giunta	576 Riviera Drive	Tampa, FL 33606

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 under section 119.07(3)(f), 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:

Grace G. Giunta

1/8/2005

813/837-4502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP20351 (01/04)

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