

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000100504

**Entity Name:** TRIPLE E SERVICES, INC.

**FILED**  
**Mar 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5011 WILES RD, BUILDING 3-105  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

5011 WILES RD, BUILDING 3-105  
COCONUT CREEK, FL 33073

**New Mailing Address:**

**FEI Number:** 90-0646242

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELUSMA, ETHELLOT  
5011 WILES RD, BUILDING 3-105  
COCONUT CREEK, FL 33073 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** ETHELLOT ELUSMA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ELUSMA, ETHELLOT  
**Address:** 5011 WILES RD, BUILDING 3-105  
**City-St-Zip:** COCONUT CREEK, FL 33073

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ETHELLOT ELUSMA

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03/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date