

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # P93000079372

99 DEC 30 AM 8:25

1. Corporation Name

TRIPLE DOLLARS INCORPORATED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4368 NW 17 AVE. MIAMI FL 33142

4368 NW 17 AVE MIAMI FL 33142 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable. 3. New Mailing Office Address, If Applicable. 4. Date Incorporated or Qualified To Do Business in Florida 11/12/1993. 5. FEI Number 65-0471962. 6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City/State/Zip. Includes entries for WOODSIDE, SAMUEL; MOBLEY, DWIGHT; JOHNSON, HENRY; MOBLEY, DYLAN; and Wright, Bernard.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOBLEY, DYLAN 2901 NW 51 TERR MIAMI FL 33142

Form for New Registered Agent with fields for Name, Street, Suite, City, State (FL), and Zip Code.

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN

Date 12.26.99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Henry L. Johnson

Date 12.26.99 Daytime Phone # 305-681-0878