

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

1. Corporation Name

TRIPLE DOLLARS INCORPORATED

99 DEC 30 AM 8:25

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0471962

Applied For  
Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

Zip

Country

Zip

Country

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
1	2	3	4
<del>D</del>	<del>WOODSIDE, SAMUEL</del>	<del>2701 NW 51 ST</del>	<del>MIAMI FL 33142</del>
<del>D</del>	<del>MOBLEY, DWIGHT</del>	<del>1405 NW 203 ST</del>	<del>MIAMI FL 33169</del>
PD	JOHNSON, HENRY	13031 NW 19 AVE	MIAMI FL 33147 33167
STD	MOBLEY, DYLAN	2901 NW 51 TER	MIAMI FL 33142
VPD	Wright, Bernard	10950 N.W. 14th Ave. # F34	Miami, FL 33167

8. Name and Address of Current Registered Agent

MOBLEY, DYLAN  
2901 NW 51 TERR  
MIAMI FL 33142

9. Name and Address of New Registered Agent

Name

Street Address (Box Numbers Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

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

12.26.99  
Date

305-681-0878  
Daytime Phone #