PLEASE READ	ALL INSTRUCTION	S BEFORE GUMPI	LET NG THIS FORM.	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTM Katherine I Secretary of	H arris f State	FILED	
DOCUMENT # P970000 11284			99 NOV 23 MHII: 13	
TRIPLE "B" Enterp	rises Inc.		TACLAHASSEE, FLORIDA	
Principal Place of Business 205 Part Blrd. S.	P.O. Box 926			
Rot. L Venice, FZ 34285	Venice, FL 342	1		
above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3 New Mailing Office Address, If Applicable 15 Suite, Apt. #, etc.		, If Applicable 4. Date	Incorporated or Qualified o Business in Florids 02/04/1997	
Suite Apt #. etc City & State	City & State		Not Applicable	
Zip Country	Zip Cou	intry CERT	IFICATE OF STATUS DESIRED	
7 Names and Street Addresses of Each Officer and	<u></u>		ore)	
Title(s) and/or Directors Offi		Street Address of Each Officer and/or Director I Use Post Office Box Numbers)	City / State / Zip	
		4 Blud. S. Apt. L	Venice FL 34285	
D Susanne Wolf 205 Paul Blvd.s		UBlud.S. Aps. L	Venice / FL / 34285	
		· · · · · · · · · · · · · · · · · · ·	100030652811 -12/09/990[0510]9	
			00	
REINSTATEMENT 49 () TS				
8. Name and Address of Current	Registered Agent		s and Address of New Registered Agent	
Erik V. Kovzilius			Number le Not Acceptable)	
1011 Princess Lane			Street Address (P.O. Box Number is Not Acceptable)	
Venice, FC 34293		City		
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 Pagent Registered Agent MUST SIGN				
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No				
12 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 filling 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 examption under section 119.07(3)(i), 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: SIGNATURE AND SUSANNE WOLF 10-29-99 (941) 480-9891				