

APPLICATION
FOR
REINSTATEMENT



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Principal Place of Business

11331 N.W. 35TH COURT
SUNRISE FL 33323

Mailing Address

~~11231 N.W. 35TH COURT~~
~~SUNRISE FL 33323~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/26/1998

5. FEI Number

Applied For

65-0878526

Not Applicable

6. **CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional fee required for a Certificate of Status.

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|---|
| D | SANTOS, NEIDE A | 11331 N.W. 35TH COURT 11331 NW 35 ST | SUNRISE FL 33323 |
| D | SANTOS, GILBERTO R | 11331 N.W. 35TH COURT 11331 NW 35 ST | SUNRISE FL 33323 |
| | | | |
| | | | |
| | | | 400003038584--9 -11/08/99--01123--004 ****150.00 ****150.00 |
| | | | |
| | | | SP |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

Name Stephen R. Gleditsky, P.A.
Street Address (P.O. Box Number is Not Acceptable)
7301-A W. Palmdale Pk Road
Suite, Apt. #, Etc. Suite 308-C
City Boon Boon State FL Zip Code 33433

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

REGISTERED AGENT MUST SIGN

Date 10/27/99

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neide Aparecida Moraes Santos.

10-27-99

Date _____

954-4845062

Daytime Phone #

**ACCOUNTING AFFORDABLE SERVICES, INC.
1500 NW 49TH STREET, SUITE 531
FORT LAUDERDALE, FL 33309
PHONE (954) 491-5880
FACSIMILE (954) 491-7944**

October 27, 1999

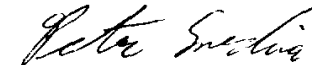
Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Triple G. Inc.

Dear Sir or Madam:

Triple G. Inc. didn't receive the initial annual report. The address that you have on your records is 35th court, which is incorrect. The correct address is 35street. Please correct the address and except the \$150.00 check payable to Florida Dept. of State for reinstatement Triple G. Inc.

Sincerely

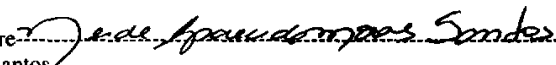


Peter Medina
Accountant

Enclosures

PM/pm

I, Neide Santos, dictated the above statement to Peter Medina.

Signature 
Neide Santos
President