

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000047629

1. Corporation Name

Triple V Properties, Inc.

WD7-6405

2. Principal Office Address - No P.O. Box #
1203 S.W. 12th Street

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip
34474

Country
USA

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida 5/20/99

5. FEI Number

65-0923504

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas Villella

Street Address (P.O. Box Number is Not Acceptable)

1203 S.W. 12th Street

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Thomas Villella

REGISTERED AGENT MUST SIGN

Date 1/31/07

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Thomas Villella	1203 S.W. 12th Steet	Ocala, FL 34474
V	Matthew Villella	3105 S.E. 24th Terrace	Ocala, FL 34471
T/S	Frank J. Villella, II	4921 Taylor Street	Hollywood, FL 33021

10. 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 contained in Chapter 119, 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:

Thomas Villella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07

Date

352-462-9991

Daytime Phone #

B. Mitchell FEB 19 2007

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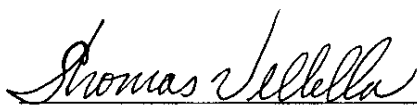
Triple V Properties, Inc.
Attachment to Corporation Reinstatement Form

Dear Representative:

Triple V Properties, Inc. was administratively dissolved September 22, 2000. We were completely unaware of said dissolution until recently when a potential creditor notified us that the corporation was dissolved. In reviewing our records we determined that we have not received any prior notices for filing the annual report form. Our address did change as listed on the attached Corporation Reinstatement form.

Accordingly, we respectfully request that the reinstatement fee be waived.

Thank you for your assistance.



Thomas Villella, President

1/31/07
Date