

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000110964</b> 1. Entity Name <b>TRIPLE OO COMPANY</b>						<b>FILED</b>  2007 JUN 19 AM 10:29  SECRETARY OF STATE TALLAHASSEE FLORIDA  	
Principal Place of Business <b>7116 SW 81ST DR. GAINESVILLE, FL 32608</b>				Mailing Address <b>539 N MILLS AVE ORLANDO, FL 32803</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		06142007 REIN-P CR2E098 (1/07)		4. FEI Number <b>59-3597624</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>7116 SW 81st DR.</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State <b>Gainesville, FL</b>		City		Zip Code	
Zip		Country		Zip <b>32608</b>		Country <b>U.S.A.</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>THET OO, THET 7116 SW 81ST DR. GAINESVILLE, FL 32608</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				DATE <b>06/15/07</b>			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD THET OO, THET 7116 SW 81ST DR. GAINESVILLE, FL 32608</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600104945446 06/27/07--01055--003 **300.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP AUNG, OO 7116 SW 81ST DR GAINESVILLE, FL 32608</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				Date <b>06/15/07</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>(352) 514-2820</b>			