## 2007 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUI  1. Entity Nam TRIPLE C	е		000110	964							
Principal Place of Business Mailing Address						·	1	2007 JUN 19	Aft I	J. Z 3	
7116 SW 81ST DR.				539 N MILLS AVE					/ re s	1111	
GAINESVILLE, FL 32608				ORLANDO, FL 32803				SECRETARY TALLAHASSI	FF FI	ORIDA	
							LIGGRADILA	IALLANASSI	, , 		(PE) (I (SA)
Principal Place of Business - No P.O. Box # 3. Mailing Address											
2. Principal P	lace of Busin	iess - No P.	J. Box #	3. Mailing Address				A IRILA IRIII BEIK BRIK ARIBU			IJAI II IEEI
Suite, Apt, #, etc.				Suite, Apt. #, etc. 7116 SW 8/St DR,			06142007	REIN-P	CR2E	098 (1/07)	
City & State				City & State Gaines ville, FL			4. FEI Number Applied For 59-3597624 Not Applicable				
Zip	Country		-	Zip 32608	Zip 32608 Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current F							7. Name and Address of New Registered Agent				
						Name					
THET OO, THET 7116 SW 81ST DR.						Street Address (P.O. Box Number is Not Acceptable)					
GAINESVILLE, FL 32608											
	. ,										
						City			FL	Zip Code	
8 The above	named optit	v cubmite thi	s statement for	the purpose of changing its	giotor	ad office as sociate	rod ogent or he	th in the State of Floris	• =	formilia :	
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.											
06/15/07											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$300.00								In accordance wit corporation did no			
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10.	PD	O	FICERS AND D		11.		ADDITIONS	/CHANGES TO OFFIC	ERS AND		
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12. I hereby o	certify that th	e information	supplied with	this filing does not qualify fo	r the ex	emptions contained	d in Chapter 11	9, Florida Statutes. I fu	rther cer	tify that the in	formation
12. I hereby certify that the information supplied with this filling 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.											
cnanged,	, or on an att	acnment witl د	an address	rin all other like empowered	•						
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06/15/07 (352) 514-2820