
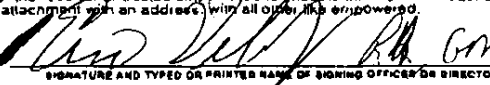
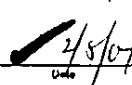


**2007 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # S13384			
1. Entity Name TRIPLE E MOTEL CORP.			
Principal Place of Business 2900 POLK ST HOLLYWOOD, FL 33020		Mailing Address 2900 POLK ST HOLLYWOOD, FL 33020	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0226860		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEBLINGER, ERIC M. 2900 POLK ST HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ELFENBEIN, STUART 3 MONTREAL WOODS CT MANALAPAN, NJ <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	D DEBLINGER, ERIC M. 2900 POLK STREET HOLLYWOOD, FL <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	B 2/9/07 <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	REINSTATEMENT 06-07 <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 2/8/07  954-923-1516	

2007 FEB -8 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/19/04 90003021 150.00

01032007 REIN-P CR2E008 (11/05)

65-0226860

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEBLINGER, ERIC M.
2900 POLK ST
HOLLYWOOD, FL 33020Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
ELFENBEIN, STUART
3 MONTREAL WOODS CT
MANALAPAN, NJ** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
DEBLINGER, ERIC M.
2900 POLK STREET
HOLLYWOOD, FL** ☐ DeleteTITLE
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☐ Change ☐ AdditionTITLE
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B 2/9/07 ☐ DeleteTITLE
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☐ Change ☐ AdditionTITLE
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REINSTATEMENT 06-07 ☐ DeleteTITLE
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**200088287802
02/14/07--01011--008 **150.00** ☐ Change ☐ AdditionTITLE
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☐ Change ☐ AdditionTITLE
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CITY- ST- ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone



EMANUEL B. ELFENBEIN
ACCOUNTANTS AND CONSULTANTS
6181 WEST SUBURBAN DRIVE
MIAMI, FLORIDA 33156
Phone (305) 667-5756*Fax (305) 669-1802

February 05, 2007

State of Florida
Department of Corporations
Annual Report
Atten Tyron Scott

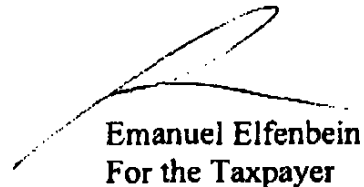
Mr. Scott,

On behalf of the Triple E Motel Corp.(S13384) I am providing the documents and summation of my previous correspondence to you as requested during our phone conversation of 02/02/07.

After review of my clients June 2006 quarterly documents I saw no payment was made for the 2006 Annual Report, I had my client make payment with the signed Return (copy with original signature).

My letter advising the State that my client did not receive the notice card nor did they receive the filing prepared in my office with filing instructions. The General Manager of the Motel did not find the cards nor forms from my office on his return to work after being hospitalized from an attack of Kidney Stones.

I am faxing to my client the 2007 reinstatement report for his signature along with instruction for filing the Corporations Report and payment of \$150.00. Thank you for your patience and understanding.



Emanuel Elfenbein
For the Taxpayer