PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COMPANY S				RTMENT OF STATE	વ્ય	04 1	FILED AY 18 PM 3:	51	
DOCUMENT # L00000011623						·			
1. Limited Liability Company's Name					SEGHETARY OF STAIL TALLAHASSEE.FLORIDA				
Trevia, LLC					1 refer				
;						30003652457 3 05/17/0401083006 **250.00			
2. Principal Office Address 3. Mailing Office Address					1			•	
3101 North Federdal Hwy			same		4. State/Country of Formation				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		FL				
#301					5. Date Organized or Qualified To Do Business in Florida 9/26/2000				
City & State			City & State		<u> </u>				
Ft Lauderdale, FL				6. FEI Number 651043009 Applied For Not Applicable					
^{Zip} 33306		Country USA	Zip	Country	7.		IS DESIRED [7] \$5.00 Add	ditional Fee required ertificate of Status	
8. Name and Address of Current Registered Agent									
Stephen D'Apuzzo Street Address (P.O. Box Number is Not Acceptable) 3101 North Federdal Hwy Suite, Apt #, Etc. #301 City Ft Lauderdale State FL Zip Code 33306									
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.									
Signature of	i								
Registered Agent						Date	5/12/04		
REGISTERED AGENT MUST SIGN									
10. Names	s and Street A	ddresses of Managing Mem	nbers/Managers						
Titles	Name of Managing Members/Managers		ers	Street Address of Each Managing Member/Manager		City / State / Zip			
-Mgrm==	Stepiten D'Apuzzo			-3101 [‡] North-Federdal-Hwy-#301		==Ft-Lauderdale-/-FL-/-33306			
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filing this all fees as if ma	s reinstatemer	nt application the reason for mited liability company have	dissolution has been elim	empowered to execute this appl innated, the limited liability comp ion indicated on this application	any name satisfies is true and accura	s the requ	irements of section 608.40	6, F.S., and that	
Signature of Date 5/12/04 Daytime Phone # 954-205-2731								731	
Typed or printed name of signing Managing Member/Manager Stephen D'Apuzzo									
Typed or prin	ated name of s	igning Managing Memberr∕	Manager						