

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAR 16 PM 12:18

DOCUMENT # L06000007783

1. Limited Liability Company's Name

TRIPROSPERITY, LLC.

500172330865  
03/16/10--01034--019 \*\*521.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #  
8775 SW 2nd Terr

3. Mailing Office Address  
8775 SW 2nd Terrace

Suite, Apt. #, etc

Suite, Apt #, etc

City & State  
Miami, FLORIDA

City & State  
Miami, FLORIDA

Zip Country  
33174 Dade

Zip Country  
33174 Dade

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number  
83-0446663

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Paola Mora

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

8775 SW 2nd Terrace

Suite, Apt #, Etc.

City  
Miami

State  
FL

Zip Code  
33174

A \$100 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 \$100  
reinstatement be waived.

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  
Registered Agent

Date 3/15/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MMR	LOZANO, Fabio	8775 SW 2nd Terrace	Miami, FL 33174
MMR	RIANO, Martha Lucia	8775 SW 2nd Terrace	Miami, FL 33174
MMR	PALACIO, Martha	8775 SW 2nd Terrace	Miami, FL 33174
MMR	ROCHA, Claudia	8775 SW 2nd Terrace	Miami, FL 33174
REINSTATEMENT		2008-2010	

11. E-mail Address: flotmercaworld@etb.net.co

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Date 3/15/10

Daytime Phone # 305 223 2954

Typed or printed name of signing Managing Member/Manager