

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Oct 23, 2002 8:00 A.M.**  
**Secretary of State**

DOCUMENT # L01000018826

## 1. Limited Liability Company's Name

Trust Investment Realty, LLC

## 2. Principal Office Address

17001 Collins Avenue

## 3. Mailing Office Address

3440 Hollywood Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 292

Suite 360

City &amp; State

Sunny Isles, FL

City &amp; State

Hollywood, FL

Zip

33021

Country

USA

Zip

33021

Country

USA

## 4. State/Country of Formation

Florida, USA

## 5. Date Organized or Qualified

To Do Business in Florida 10/31/01

## 6. FEI Number

22-3869430

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

Leonardo A. Roth, Esq.

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

3440 Hollywood Blvd.

Suite, Apt. #, Etc.

Suite 360

City

Hollywood

State

Zip Code

33021

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

REGISTERED AGENT MUST SIGN

Date 10/09/02

## 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
MGR	Natalie Bruzzone	3440 Hollywood Blvd., Ste 360	Hollywood, FL 33021
MGR	Manuel Grosskopf	3440 Hollywood Blvd., Ste 360	Hollywood, FL 33021
MGR	Jose Norberto Saal	3440 Hollywood Blvd., Ste 360	Hollywood, FL 33021
Member	SG SIISA, a foreign corporation (66.67%)	3440 Hollywood Blvd., Ste 360	Hollywood, FL 33021
Member	Jose Norberto Saal (33.33%)	3440 Hollywood Blvd. Ste 360	Hollywood, FL 33021

11. 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

Natalie Bruzzone MGR.

Date 10/09/02

Daytime Phone # (954) 322-4280

Typed or printed name of signing Managing Member/Manager

Natalie Bruzzone, MGR.

CR20041 (9/01)