

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 19 AM 10:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L000000011628

1. Limited Liability Company's Name

Triad Resources LLC

200029071272
02/19/04--01015--002 **200.00

2/19

2. Principal Office Address

654 Avenue F, NW

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33881

Country

USA

3. Mailing Office Address

P. O. Box 1707

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33882

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

9/25/00

6. FEI Number

59-3672644

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

Mark T. Tate

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

212 S. Magnolia Avenue

Suite, Apt. #, Etc.

City

Tampa,

State

FL

Zip Code

33606

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

Mark T. Tate

Date 2-11-04

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
MEM	Vass Holdings II, LLC	654 Avenue F, NW	Winter Haven, FL 33881

REINSTATEMENT

2003
2004

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

F.J. LeVasseur

Date 2/13/04

Daytime Phone # 863.295.5664

Typed or printed name of signing Managing Member/Manager

F.J. LeVasseur

CR2E041 (10/02)