

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 30 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L-00000014192

1. Limited Liability Company's Name  
Tricon Holdings, LLC

2. Principal Office Address  
1020 NW 163rd Drive

Suite, Apt. #, etc.

City & State  
Miami, FL

Zip  
33169

Country

3. Mailing Office Address  
Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 11/16/2000

6. FEI Number 651055356

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 ~~David Seifer~~ RONALD DAVIDOVIC

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

~~150 W Flagler ST~~ 1020 NW 163rd Dr

Suite, Apt. #, Etc.

~~2200 Museum Tower~~

City  
Miami

State  
FL

Zip Code  
~~33100~~ 33169

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. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Emel Yesil	1020 NW 163rd Drive	Miami, FL 33169

REINSTATEMENT

02-03  
Dec

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

Emel Yesil

Date 6/18/03

Daytime Phone# 305 714-3548

Typed or printed name of signing Managing Member/Manager

EMEL YESIL

CR2E041 (10/02)