

L00000014192

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

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33169

Country

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**

300021182033
06/30/03 01004 015 **20.00

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 _____ Date **6/18/03** Daytime Phone# **305 714-3548**

Typed or printed name of signing Managing Member/Manager **EMEL YESIL**

CR2E041 (10/02)