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## PLEASE READ VINITRY TO VISITE ON LEGISTAL FOR I. IABILITY Secretary of State DIVISION OF CORPORATIONS PLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

LIMITED	LIABILITY
CON	IPANY
REINST	ATEMENT



DOCUMENT # 1. Limited Liability Company's	L	0	١	0	0001	h	92	C
<ol> <li>Limited Liability Company's</li> </ol>	Nan	18			. 01	v		7

TRND Technologies, LLC

	A STANDAR		14102	171			
2. Principal Office A	nddress 113th Ave. Rd.	3. Mailing Off					
13100 1999	113th Ave. Rd.		Same	4. State/Country of Formation			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Florida Florida			
				5. Date Organized or Qualified To Do Business in Florida 06/25/0	 )1		
City & State		City & State			<del></del>		
Miami, Flori	da	1		6. FEI Number 65-115981	Applied For		
	<del></del>		<del></del>		Not Applicable		
33178	Country	Zip	Country	CERTIFICATE OF STATUS DESIRED [ ] for	Additional Fee required a Certificate of Status		
	<del>-</del>	8 No	me and Address of Current P	anietered Agent			

Name	5. Name and Address of Current Reg	Italian Affaut	<u> </u>	
	Marlon A. Hill, Esq.			
Street Address (P.O. Box Numb	er is Not Acceptable) 1200 Brickell Avenue	e		
Suite, Apt. #, Etc.	Suite 950	000	020534°	7E
City	Miamí	State	Zip Code 33131	

REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers City / State / Zip MGRA Anthony Del Castillo 100 Craven Haven St. Phillip, Barbados MGRA Nicolas Arthur Humphrey #1 Prior Park Close Prior Park, St. James, Barbados Westmoorings Port of Spain, Trinidad & Tobago MGRAN Jeremy Nicholas Galt 4 Crosbay Drive MGRA Delandro C. Wilson 677 Lenox Road Brooklyn, NY 11203

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 filling 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.

Managing Member/Manager

Registered Agent

Date 5-30-2003 Daytime Phone# 305863 7996

Typed or printed name of signing Managing Member/Manager

ACCOUNT NO.

072100000032

REFERENCE

118665

7292882

COST LIMIT

\$ 200.00

ORDER DATE: June 4, 2003

ORDER TIME : 2:51 PM

ORDER NO. : 118665-005

CUSTOMER NO:

7292882

CUSTOMER:

Suzette Ashby, Legal Assistant

Delancyhill, P.a.

Suite 950, - Colonial Bank Ctr

1200 Brickell Ave. Miami, FL 33131

## DOMESTIC FILINGS

NAME:

TRND TECHNOLOGIES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS