


L01000012127

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 17 AM 9:38

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L 01000012127

1. Limited Liability Company's Name
 TRI - TOWER ESTATES, LLC.,

200021088742
06/23/03--01113--016 **200.00

2. Principal Office Address		3. Mailing Office Address	
13066 S.W. 21 st St.		13066 S.W. 21 st St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIRAMAR, FL		MIRAMAR, FL	
Zip	Country	Zip	Country
33027	U.S.A.	33027	U.S.A.

4. State/Country of Formation
 FLORIDA, U.S.A.

5. Date Organized or Qualified To Do Business in Florida
 Aug. 24, 2001

6. FEI Number
 651142603

7. CERTIFICATE OF STATUS DESIRED **\$5.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name: CRISTHIAN D. CREVOISIER

Street Address (P.O. Box Number is Not Acceptable): 4419 HOLLYWOOD BLVD.

Suite, Apt. #, Etc.:

City: HOLLYWOOD State: FL Zip Code: 33021

9. If 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: Cristhian D. Crevoisier Date: 6-16-03

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
Manager/Member	Cristhian D. Crevoisier	225 N. 62 nd Ave. Apt. 102	Hollywood FL 33024
Member	Julio C. Crevoisier	225 N. 62 nd Ave apt 102	Hollywood FL 33024
Member	Joel Crevoisier	13066 S.W. 21 st St.	Miramar FL 33027
Member/Manager	Martha A. Crevoisier	13066 S.W. 21 st St.	Miramar FL 33027

REINSTATEMENT 2002-03

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: Cristhian D. Crevoisier Date: 6-16-03 Daytime Phone #: 954-966-9119

Typed or printed name of signing Managing Member/Manager: Cristhian D. Crevoisier

CR2E041 (10/02)