

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000012986

1. Limited Liability Company's Name

TRIVEDI ENTERPRISES, LLC
12531 S. Orange Blossom Trail
Orlando, FL 32837

2. Principal Office Address

12531 S. Orange Blossom Tr.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL 32837

City & State

Zip
32837

Country
USA

Zip

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

August 6, 2001

6. FEI Number

59-3735473

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

AYOKUNLE ANTHONY AYOOLA

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

12531 S. Orange Blossom Trail

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32837

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/31/03

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	AYOKUNLE ANTHONY AYOOLA	12531 S. Orange Blossom Trail	Orlando, FL 32837

REINSTATEMENT

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**

[Signature]

Date 10/31/2003 **Daytime Phone #** 407-342 5835

Typed or printed name of signing Managing Member/Manager

AYOKUNLE ANTHONY AYOOLA

CR2E041 (10/02)