

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000018134

1. Limited Liability Company's Name

TRIGEN REALTY, LLC

W07-45284

2. Principal Office Address - No P.O. Box #

25 HOMESTEAD RD NORTH

3. Mailing Office Address

25 HOMESTEAD RD. NORTH

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State

LEHIFGH ACRES, FLORIDA

City & State

LEHIGH ACRES, FLORIDA

Zip

33936

Country

USA

Zip

33936

Country

USA

8. Name and Address of Current Registered Agent

Name

THOMAS ERRICO

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

25 HOMESTEAD RD NORTH

Suite, Apt. #, Etc.

SUITE 42

City

LEHIGH ACRES, FLORIDA

State

FL

Zip Code

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

MARCH, 2001

6. EEI Number

351154421

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 04.23.2007

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 | THOMAS ERRICO | 25 HOMESTEAD RD NORTH SUITE 42 | LEHIGH ACRES, FLORIDA |
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REINSTATEMENT 05-07

FF \$150
Ces 5

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 04.23.2007 Daytime Phone # N/A

Typed or printed name of signing Managing Member/Manager THOMAS ERRICO