DOCUMENT # L01000031349 1. Lendre Labibly Company's Name Trinity Realty Partners, LLC 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address - No P.O. Box # 9191 RG Skinner Pkvy State 202 Cry & State Jacksonville, FL 2. Drinchal Office Address - No P.O. Box # 3. Mailing Office Address - No P.O. Box # 3. Mailing Office Address - No P.O. Box # 3. Mailing Office Address - Octometry State 202 Cry & State 3. State 202 Cry & State 3. Mame and Address of Current Registered Agent Name Name 3. Name and Address of Current Registered Agent Name State 202 Country 22.56 USA 3. Name and Address of Current Registered Agent Name State 202 Country 3. Name and Address of Current Registered Agent State 202 State 202 State 202 State 202 State 202 State Actins Field State 202	C	TED LIABIL COMPANY NSTATEME		Se Se	EPARTMENT OF STA cretary of State on of corporations	TE		08 (FILE DEC 10 I	ሻ 4: በ 2
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2. Proceed office Address No F.O. Box # 9191 RG Skinner Pkwy 9191 RG Skinner Pkwy Suite, Azt, #, etc. 9191 RG Skinner Pkwy Suite 202 Crk & State Country 32256 USA Country 22 Country 22 Country 32256 USA Country 23 Country 24 Country 25 Country 2	Trini	ity Realty	Partners, I	LC						
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Name John McE. Miller, Esq., General Counsel ☑ A \$100 reinstatement fee is imposed, in circumstances which the entity directive of the prior notices. By checkin by suite 202 State Address (P.O. Box Number is Not Acceptable) Image: City of the count of the statement fee is imposed, in circumstances which the entity directive dire			•	Zip	Country	7	7. CERTIFICATE	OF STATUS DESIR	ED 35 00 A	dditional Fee required Certificate of Status
John McE. Miller, Esq., General Counsel EI A \$100 reinstatement tee is imposed. in incremistances which the entity of the entis of the entity of the entity of the entity of the ent	•	8.	Name and Address	of Current Registe	red Agent					
Signature of Registered Agent Imaging Member/Managers 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Members/Managers Titles Managing Members/Managers MM PBP Trust, LLC 9191 RG Skinner Pkwy Jacksonville, FL 32256 RELINSTATEMIENTER 12/10/0801027029 RELINSTATEMIENTER 12/10/0801027029 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 the staffing this reinstatement application the reason for dissolution has been glimmated, the limited liability company name staffles the requirements of section 808.406, F.S. all flees owed by the limited liability company name staffles the requirements of section 808.406, F.S.	Street Ad 9191 R Suite, Apt Suite 2 City Jackson	ktress (P,O. Box N R G Skinner F t. #, Etc. 202 nville, FL	umber is Not Acceptal Parkway, Suite 2	96) 202	FL 32256		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.			
Titles Name of Managing Members/Managers Street Address of Each Managing Member/Manager City / State / Zip MM PBP Trust, LLC 9191 RG Skinner Pkwy Jacksonville, FL 32256 PEINSTATEMIENTER 12/10/13/13/13/13/13/13/13/13/13/13/13/13/13/	Signature	of (Ime	Mh				Date	<u>ec 8,</u>	9058
Managing Members/Managers Managing Member/Manager City / Side / Zip MM PBP Trust, LLC 9191 RG Skinner Pkwy Jacksonville, FL 32256 Imaging Members/Managers Imaging Members/Manager Imaging Members/Manager Imaging Members/Manager Imaging Members/Manager Imaging Members/Manager <td></td> <td>nes and Street Add</td> <td>L</td> <td>lembers/Managers</td> <td>Street Address</td> <td>of Each</td> <td></td> <td></td> <td></td> <td></td>		nes and Street Add	L	lembers/Managers	Street Address	of Each				
12/10/13/35/37/50012 REINSTATEMENTOS 12/10/0801027029 12/10/0801027029 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 the fling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608, 406, F.S. 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 lease if made under oath.	Titles	+	naging Members/Man	+	Managing Member/Mana		ger		City / State / Zip	
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 th 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., 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 leas if made under oath.	MM	IM PBP Trust, LLC			9191 RG Skinner Pkwy			Jacksonville, FL 32256		
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Signature of Manager WARD 2008 Daytime Phone # (904) 910-3024	as If Signature	made under oath. of	Anhl	620	1					,

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.