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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 DEC 28 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000002428

Name and Mailing Address

0002925 01 AT 0.292 **AUTO T3 0 0615 32746-393914



TRITEC REALTY ENTERPRISES, LLC
314 LAKE RD
LAKE MARY FL 32746-3939



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/25/2002	
Principal Place of Business 314 LAKE RD LAKE MARY FL 32773	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 41-20 28 766	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent JAFER, GULAMABBAS 314 LAKE RD LAKE MARY FL 32773	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 700043673907 12/28/04--01043--001 **205.00 City FL Zip Code
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10. 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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/20/04

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JAFER, GULAMABBAS	314 LAKE RD	LAKE MARY FL 32773

REINSTATEMENT 03-04
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12. 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 REQUIRED

Date 12/20/04 Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)