

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 10 AM 9:53

DOCUMENT # L02000005721

1. Limited Liability Company's Name

TRINITY GLOBAL MARKETING, LLC

CR2E041 (8/05)

2. Principal Office Address

333 1st St. North

Suite, Apt. #, etc.

Suite 305

City & State

Jacksonville Beach, FL

Zip

32250

Country

USA

3. Mailing Office Address

- same -

Suite, Apt. #, etc.

- same -

City & State

- same -

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3/11/2002

6. FEI Number

☒ 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

John McE. Miller, Esq.

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

333 1st St. North

Suite, Apt. #, Etc.

Suite 305

City

Jacksonville Beach

State
FL

Zip Code

32250

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

John McE. Miller

REGISTERED AGENT MUST SIGN

Date 6/28/2006

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
MG/ M	Joseph Strain	333 1st St. N., Suite 305	Jacksonville Beach, FL 32250
			500077727135 07/19/06--01045--011 **300.00
			REINSTATEMENT 03-06

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

Joseph Strain

Date 6/28/06

Daytime Phone # 904 923-4499

Typed or printed name of signing Managing Member/Manager