

L02000008546

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 20 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000008546

1. Limited Liability Company's Name:

Trinity Title LLC

9/26/03

500024047755

2. Principal Office Address

10271 SW 72nd Street, Unit 102D

3. Mailing Office Address

Suite, Apt, #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

4/9/2002

City & State

Miami, FL

City & State

6. FEI Number

02-0587497

Applied For

Not Applicable

Zip

County

33143

Zip

County

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Alos & Associates, P.A.

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

3306 Ponce de Leon, Suite 250

Suite, Apt. #, etc.

City

Coral Gables

State

FL

Zip Code

33134

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

E.S. Davila

by E.S. Davila as attorney-in-fact

REGISTERED AGENT MUST SIGN

Date

10/17/03

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

Nelson Valdes

10271 SW 72nd Street, Unit 102D

Miami FL 33143

Andres Alos

10271 SW 72nd Street, Unit 102D

Miami FL 33143

Enrique Sebastian Tettamanti

10271 SW 72nd Street, Unit 102D

Miami FL 33143

REINSTATEMENT

2003

BK

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

4/16/2002

Daytime Phone #

305-595-5159

Type or print name of signing Managing Member/Manager

Nelson Valdes,

by T. Baez as attorney-in-fact

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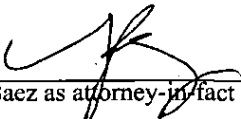
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Trinity Title LLC

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 50.00 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 
by T. Baez as attorney-in-fact

Name: Nelson Valdes

Title: Director

Date: 10/17/03

