

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-26-03
300.m

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DEC 29 AM 8:55

DOCUMENT # L02000016691

1. Limited Liability Company's Name

TRIAD LLC

100082641101
01/04/07--01032--002 **50.00

CR2E041 (8/05)

2. Principal Office Address

11749 SW 91 Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

11749 SW 91 Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33186

Country

USA

Zip

33186

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

07/02/2002

6. FEI Number

04-3701506

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

Business Filings Incorporated

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

1203 Governors Square Blvd.

Suite, Apt. #, Etc.

Suite 101

City

Tallahassee

100082641101

12/13/06--01033--019 **305.00

State

FL

Zip Code

32301-2960

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

Alicia De Barreno - Asst. Secretary for
REGISTERED AGENT MUST SIGN Business Filings Incorporated

Date January 2, 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
MGR	Luis O. Urena	11749 SW 91 Terrace	Miami, FL 33186

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

Date 12/10/2006

Daytime Phone# 305-772-0304

Typed or printed name of signing Managing Member/Manager Luis O. Urena