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
05 NOV 22 AM 8:23

DOCUMENT # L02000022267

1. Limited Liability Company's Name
Tri-Nye Properties LLC

100061606411
11/22/05-01005-028 **155.00

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
4250 B N. Dixie Hwy	Same
Suite, Apt. #, etc.: See Above	Suite, Apt. #, etc.: Same
City & State: Oakland Park FL	City & State: Same
Zip: 33334 Country: USA	Zip: Same Country: Same

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: Aug 28, 2002

6. FEI Number: 550873056 ☐ 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 E Nye

Street Address (P.O. Box Number is Not Acceptable): 350 SE 2nd ST UNIT 2230 Ft. Lauderdale FL 33301

Suite, Apt. #, Etc.: # 2230

City: Ft. Lauderdale State: FL Zip Code: 33301

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 _____ Date 10/11/05
REGISTERED AGENT MUST SIGN

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
mngr	John E Nye	350 SE 2nd ST #2230	Ft Lauderdale FL 33301
mngr	John Nye	5354 NE 6th Ave 90	Oakland Park FL 33334
mngr	Josh Nye	119 Royal Park Dr. 4C	Oakland Park FL 33309

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 11/12/05 Daytime Phone # 954-553-6819

Typed or printed name of signing Managing Member/Manager John E. Nye