PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L Ti) LIA		FLO DA	DL PARTIN (C	5	9	FILED
DI ON ON OR POR TION							03 OCT 15 AN 8:00
DOCUMENT # LOJOOOO JJ959							SECRETARY OF STATE .[ALLAHASSEE, FLORIDA
1. Limited Liability Company's Name Traics Holdings, LLC							TEOMBA
Tremes (To learned 3) LEC						·	
2. Principal Office Address 3. Mailing Of				ffice Address 5 W.74 th	P1.		
345 Suite, Apt. #	<u>ک لک</u> t, etc.	. 74- PI.	Suite, Apt. #.	345 W . 74 71. Suite, Apt. #, etc.		7	try of Formation
							nized or Qualified ness in Florida 9/4/07
City & State WIAMI F.			City & State WAWI F			6. FEI Numbe	Applied For
Zip	,	Country	3301	Country	.0	7.	129833 Not Applicable OF STATUS DESIRED 2 55.00 Additional Fee required for a Certificate of Status
330	4	USH		ame and Address of Curr		ed Agent	ior a Certificate of Status
	Name						
i	Street Address (P.O. Box Number is Not Acceptable) 50023816426 10/15/02-01049-004 **155.00						
	Suite, Apt. #, Etc.						00-01040-004 **155.00
tolly used							State Zip Code FL 3 70 2-1
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 /0/0/03							
REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers							
Titles	les Name of Managing Members/ Managers			Street Address of Each Managing Member/Manager			City / State / Zip
P,M	PM STEVEN ZAMRITO			345 W. 74th Pl.		PI.	Microy F. 330/4
5,A	5	tunkt Green	usteini	345 W.	74 ⁴⁸	Pl.	M124 11, 33014
TA	BR	uno Wenda	24	345 W.	74 1	Pl	celisani Fl, 33014
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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/Manage Date 10116/63 Daytime Phone # 505/8-40-3232							
Typed or printed name of signing Managing Member/Manager BRUND WENDOZA, WUNGGER							