

102000022964

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 102000022964

1. Limited Liability Company's Name

Trim Solutions Enterprises, LLC

2. Principal Office Address

345 W. 74<sup>th</sup> PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

345 W. 74<sup>th</sup> Pl.

Suite, Apt. #, etc.

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified  
To Do Business in Florida

9/4/02

City & State

Miami, FL

City & State

Miami, FL

Zip

33014

Country

USA

Zip

33014

Country

USA

6. FEI Number

51-0429821

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

JERALD C. CANTOR

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

4000 Hollywood Blvd.

Suite, Apt. #, Etc.

265 S

City

Hollywood

State

FL

Zip Code

33021

500023816435

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/10/03

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
PM	STEVEN ZAMBATO	345 W. 74 <sup>th</sup> Pl.	Miami, FL 33014
SM	STUART GREENSTEIN	345 W. 74 <sup>th</sup> Pl.	Miami, FL 33014
TM	BRUNO MENDOZA	345 W. 74 <sup>th</sup> Pl.	Miami, FL 33014

REINSTATEMENT

03-005  
dec

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

[Signature]

Date 10/10/03

Daytime Phone # 305-820-3232

Typed or printed name of signing Managing Member/Manager

BRUNO MENDOZA, MANAGER

CR2EDM1 (10/02)