

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

09 JUL -7 PM 12:21

DOCUMENT # L02000035251

1. Limited Liability Company's Name

TRINITY FINANCIAL SOLUTIONS, LLC

CR2E041 (10/08)

| | | | |
|---|---------------------|---|---------------------|
| 2. Principal Office Address - No P.O. Box # 2480 E BAY DRIVE | | 3. Mailing Office Address 2480 E BAY DRIVE | |
| Suite, Apt. #, etc. #6 | | Suite, Apt. #, etc. #6 | |
| City & State LARGO, FL | | City & State LARGO, FL | |
| Zip 33771 | Country PINELLAS | Zip 33771 | Country PINELLAS |
| 4. State/Country of Formation | | | |
| 5. Date Organized or Qualified To Do Business in Florida 12-31-02 | | | |
| 6. FEI Number 161645521 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | | | |
| 8. Name and Address of Current Registered Agent | | | |
| Name DRAKEFORD & DRAKEFORD, A PROFESSIONAL ASSOCIATION | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1668 N. HERCULES AVE. | | | |
| Suite, Apt. #, Etc. UNIT E | | | |
| City CLEARWATER | | State FL | Zip Code 33765 |

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 6-17-09

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 | IAMPIERI, DANA R. | P.O. BOX 22023 | TAMPA, FL 33622-2023 |
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REINSTATEMENT 2006-2009

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 6-17-09

Daytime Phone # (727) 504-8233

Typed or printed name of signing Managing Member/Manager IAMPIERI, DANA R.

J. Hamilton JUL - 8 2009