

2007 LIMITED LIABILITY COMPANY REINSTATEMENT


FILED

2007 NOV 27 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000001674

1. Entity Name
TRIAD IMPORTS, LLC



Principal Place of Business: 4421 WORTHINGTON CIRCLE, PALM HARBOR, FL 34685

Mailing Address: 4421 WORTHINGTON CIRCLE, PALM HARBOR, FL 34685

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

10162007 REIN-LLC CR2E101 (1/07)



6. Name and Address of Current Registered Agent
SHEAR, ROBERT L
2790 SUNSET POINT ROAD
CLEARWATER, FL 33759

4. FEI Number: 11-3675278
Applied For: Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NC WITH FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

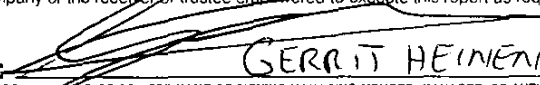
Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGR NAME: HEINEN, GERRIT STREET ADDRESS: 4421 WORTHINGTON CIRCLE CITY-ST-ZIP: PALM HARBOR, FL 34685	<input type="checkbox"/> Delete
TITLE: MGR NAME: WILKERSON, KEVIN STREET ADDRESS: 4421 WORTHINGTON CIRCLE CITY-ST-ZIP: PALM HARBOR, FL 34685	<input type="checkbox"/> Delete
TITLE: MGR NAME: MITCHELL, JOE D STREET ADDRESS: 4421 WORTHINGTON CIRCLE CITY-ST-ZIP: PALM HARBOR, FL 33685	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
800111212788 10/23/07--01040--016 **50.00	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 07

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  GERRIT HEINEN Date: 10/14/07 727 786 6657 Daytime Phone #