

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L03000051843**

1. Limited Liability Company's Name

ATRIO, LLC

2. Principal Office Address - No P.O. Box #

104 Broadway

Suite, Apt. #, etc.

Suite 200

City & State

Denver, CO

Zip

80203

Country

3. Mailing Office Address

104 Broadway

Suite, Apt. #, etc.

Suite 200

City & State

Denver, CO

Zip

80203

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 12/11/2003

6. FEI Number

20-0477498

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

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

☒ 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 By: SPIEGEL & UTRERA, P.A.

Natalia Utrera, Vice President

REGISTERED AGENT MUST SIGN

Date 3-20-08

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	Triska, Kristina	104 Broadway, Suite 200	Denver, CO 80203
MGR	Triska, Katarina	104 Broadway, Suite 200	Denver, CO 80203
MGR	Triska, Karolina	104 Broadway, Suite 200	Denver, CO 80203

REINSTATEMENT

2006-2008

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 3/19/08

Daytime Phone # 303-956-1278

Typed or printed name of signing Managing Member/Manager Karolina Triska