2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
07 NOV 28 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000009747

1. Entity Name
TRINITY REAL ESTATE ALLIANCE, L.L.C.

07

Principal Place of Business	Mailing Address
2055 LITTLE ROAD TRINITY, FL 34655	2055 LITTLE ROAD TRINITY, FL 34655

11192007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2043 LITTLE ROAD	2043 LITTLE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TRINITY, FL	City & State: TRINITY, FL
Zip: 34653 Country: USA	Zip: 34653 Country: USA

4. FEI Number: 20-1810638 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHWEITZER & DOBOSZ 1206 COURT STREET CLEARWATER, FL 34616	Name: JEFFREY S. VASTA, M.D. Street Address (P.O. Box Number is Not Acceptable): 2043 LITTLE ROAD City: TRINITY FL Zip Code: 34653

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 _____ 11/26/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR. VILA, JUAN 2055 LITTLE ROAD TRINITY, FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JEFFREY S. VASTA, M.D. 2043 LITTLE ROAD TRINITY, FL 34653 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR. BAYRON, CARLOS 2055 LITTLE ROAD TRINITY, FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100112716801 11/30/07--01012--012 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR. ANNONI, LUIS 2055 LITTLE ROAD TRINITY, FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR. KUNHARDT, RENE 2055 LITTLE ROAD TRINITY, FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR. YAMAMURA, KENNETH 2055 LITTLE ROAD TRINITY, FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 2007

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: _____ 11/26/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #