

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 MAR 22 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900095221539  
03/29/07--01026--006 \*\*100.00

CR2E041 (1/07)

DOCUMENT # L050000 11099

1. Limited Liability Company's Name

**TRINITY, LLC**

2. Principal Office Address - No P.O. Box #  
5107 University Boulevard West

Suite, Apt. #, etc.

City & State  
Jacksonville, FL

Zip  
32216

Country  
USA

3. Mailing Office Address  
5107 University Boulevard West

Suite, Apt. #, etc.

City & State  
Jacksonville, FL

Zip  
32216

Country  
USA

4. State/Country of Formation  
Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida 02/02/05

6. FEI Number  
20-2208100

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  
Mark W. Biery

Street Address (R.O. Box Number is Not Acceptable)  
5107 University Boulevard West

Suite, Apt. #, Etc.  
Jacksonville

City  
FL

State  
FL

Zip Code  
32216

☒ 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

REGISTERED AGENT MUST SIGN

Date 2-12-07

**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
MGRM	Mark W. Biery	5107 University Blvd. W.	Jacksonville, FL 32216
MGR	Suzanne J. Biery	5107 University Blvd. W.	Jacksonville, FL 32216
MGR	Murray A. Lewis	6639 Southpoint Parkway	Jacksonville, FL 32216
MGR	Vickey A. Lewis	6639 Southpoint Parkway	Jacksonville, FL 32216

REINSTATEMENT 06-07

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 2-12-07

Daytime Phone # 904-731-4400

Typed or printed name of signing Managing Member/Manager

MARK W. BIERY