

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

10 OCT -1 AM 11:15

DOCUMENT # L05000088749

1. Limited Liability Company's Name

TRIADIUM HOLDINGS, LLC

BK

CR2E041 (05/10)

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

1620 FUTURA DR.

Suite, Apt. #, etc.

SUITE 152

City & State

TALLAHASSEE FL

Zip

32317

Country

USA

3. Mailing Office Address

1620 FUTURA DR.

Suite, Apt. #, etc.

SUITE 152

City & State

TALLAHASSEE FL

Zip

32317

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

SEPT 8 2005

6. FEI Number

203434077

☐ 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

DOUGLAS SALIE

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

1620 FUTURA DR.

Suite, Apt. #, Etc.

SUITE 152

City

TALLAHASSEE

State

FL

Zip Code

32317

10/01/10--01003--023 **238.75

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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

Date 10-1-10

REGISTERED AGENT MUST SIGN

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
P	DOUGLAS SALIE	1620 FUTURA DR. SUITE 152	TALLAHASSEE FL 32317
VP	TUNY PETRUZZI	1620 FUTURA DR SUITE 152	TALLAHASSEE FL 32317

REINSTATEMENT 2010

11. E-mail Address: DOUG.SALIE@TRIADIUM.COM

(To be used for future annual report notifications)

12. 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 10-1-10

Daytime Phone # 850 394 2367

Typed or printed name of signing Managing Member/Manager

DOUGLAS SALIE