PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS 09 JUN 30 AM II: 30
DOCUMENT # LOSOOGG 90210 1. Limited Liability Company's Name Tr:ton Development Group, LLC		800157555098 06/22/0901055003 **655.00
2. Principal Office Address - No P.O. Box # 311 S. Westland Ave Suite, Apt. #, etc. A City & State Tampa FL Zip Country	3. Mailing Office Address 311 S. Westlad Ac Suite, Apt. #, etc. A City & State Tarpa, FL Zip 33606 V S.	CR2E041 (10/08) 4. State/Country of Formation Florida / United State 5. Date Organized of Qualified To Do Business in Florida 09/13/05 6. FEI Number Applied For 20-35/5752 Not Applied For CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee require for a Certificate of Status
Name Name Name Name Name Name Name Name Not Acceptable Suite, Apt. #, Etc. City Tanpa	Current Registered Agent State Zip Code FL 33606	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.
Signature of Registered Agent	ve named limited liability company, am familiar with and	accept the obligations of Chapter 608, F.S. Date
10. Names and Street Addresses of Managing Mer Titles Name of	Street Address of Eac	
Managing Members/Manage	311 S. Uestlucher Su	, l — —
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REINSTATEMENT 2	1006-2009	
filing this reinstatement application the reason for	dissolution has been eliminated, the limited liability compares been paid. The information indicated on this application Date	tication as provided for in chapter 608, F.S. I further certify that when pany name satisfies the requirements of section 608.406, F.S., and that is true and accurate, and my signature shall have the same legal effect Daytime Phone # \$13-757-8717