

LO6000019090

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 27 PM 3:55
TALLAHASSEE, FLORIDA
DEPT. OF STATE

DOCUMENT #

1. Limited Liability Company's Name

TRIAD VENTURES, LLC
LO6000019090

07

CR2E041 (10/08)

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

9035 Americana Rd

Suite, Apt. #, etc.

Suite 11

City & State

VERO Beach, FL

Zip

32966

Country

USA

3. Mailing Office Address

9035 Americana Rd

Suite, Apt. #, etc.

Suite 11

City & State

VERO Beach, FL

Zip

32966

Country

USA

4. State/Country of Formation

FL, INDIAN RIVER

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-4500912

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

Michael Garfalo

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

9035 Americana Road

Suite, Apt. #, Etc.

Suite 11

City

Vero Beach

State

FL

Zip Code

32966

☒ 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

Michael Garfalo

Date 10/22/08

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
MR	Michael Garfalo	9035 Americana Road, Ste 11 Vero Beach, FL 32966	Vero Beach, FL 32966

10/28/08 01003-004 **302.50

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REINSTATEMENT 2007-2008

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

Michael Garfalo

Date 10/22/08 Daytime Phone #

Typed or printed name of signing Managing Member/Manager