

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

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DOCUMENT # L06000046096

1. Limited Liability Company's Name

TRINITY PROPERTIES LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 7650 AVOCET DR Suite, Apt. #, etc.		3. Mailing Office Address 7650 AVOCET DR Suite, Apt. #, etc.	
City & State WESLEY CHAPEL, FL		City & State WESLEY CHAPEL, FL	
Zip 33544	Country	Zip 33544	Country

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 05/03/2006	
6. FEI Number 20-4870263	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name BRAD L BENSON		
Street Address (P.O. Box Number is Not Acceptable) 7650 AVOCET DR		
Suite, Apt. #, Etc.		
City WESLEY CHAPEL	State FL	Zip Code 33544

☒ 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

Date 12/30/08

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
MGRM	BRAD L BENSON	6941 CALVIN WAY	WESLEY CHAPEL, FL 33544
MGRM	JOHN POLUGA III	7650 AVOCET DR.	WESLEY CHAPEL, FL 33544

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REINSTATEMENT 2008-09

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

Brad L Benson

Date 12/30/08

Daytime Phone# 813-991-1311

Typed or printed name of signing Managing Member/Manager **BRAD L BENSON**