2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED **DOCUMENT # L06000078792** 08 NOV 19 PH 3: 11 TRINITY PROPERTY INVESTMENT GROUP, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business PO BOX 771870 13226 GALICIA STREET ORLANDO, FL 32824 ORLANDO, FL 32877-1870 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2739 Kissimme ? r 27333 Kiss Suite, Apt, #, etc. Suite, Apt. #, etc. 10232008 REIN-LLC CR2E101 (1/07) City & State City & State Applied For 4. FEI Number Kissi <u>m</u>n FL 20-5366739 Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired 34744 JH7-17 Fee Required LSA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HECTOR PAGAN JR., P.L. Street Address (P.O. Box Number is Not Acceptable) 1466 E. MICHIGAN STREET ORLANDO, FL 32806 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of Sta FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM Defete TITLE ☐ Change ☐ Addition RIVERA, YANINE NAME NAME STREET ADDRESS STREET ADDRESS 13226 GALICIA STREET #105 300137950723 11/14/08--01056--005 普編 CITY-ST-ZIP ORLANDO, FL 32824 CITY-ST-ZIP Champe D Addition MGRM TITLE Delete TITEE RIVERA, NITZA NAME NAME STREET ADDRESS 2738 KISSIMMEE BAY CIR. STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34744 CITY-ST-7IP MGRM Delete ☐ Addition TITLE TIT1 F ☐ Channe RIVERA, MICHELLY STREET ADDRESS 1719 BRIDGET'S COURT STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34744 CITY-ST-ZIP Delete Addition TITLE **MGRM** TITLE ☐ Change NAME RIVERA, MOISES NAME 2624 BALMORAL COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34744 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. -09-08 ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE