

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000076151

1. Limited Liability Company's Name

Tres Communications

FILED

14 JUL 25 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

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

3540 Forest Hill Blvd

Suite, Apt. #, etc.

Suite 112-J

City & State

West Palm Beach, FL

Zip

33406

Country

USA

3. Mailing Office Address

3540 Forest Hill Blvd

Suite, Apt. #, etc.

Suite 112-J

City & State

West Palm Beach, FL

Zip

33406

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

July 1, 2011

6. FEI Number

45-2725264

☒ 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

Emma Velez

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

3540 Forest Hill Blvd

Suite, Apt. #, Etc.

112-J

City

West Palm Beach

State

FL

Zip Code

33406

100258579871
07/25/14--01021--003 **147.50
100258579871
04/02/14--01027--006 **5.00
100258579871
04/02/14--01027--005 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

E. Velez

Date

3-27-14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
CEO	Emma Velez	1410 Renaissance Way	Brynton Beach FL 33426

11. E-mail Address: emmavelez@trescommunications.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

E. Velez

Date

3-27-14

Daytime Phone #

561-301-4643

Typed or printed name of signing Authorized Representative/Manager