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2024 NOV 20 AM 3:21

SECRETARY OF STATE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100485877501

DOCUMENT # L21000529729

1. Limited Liability Company's Name

TRINITY PETRO LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1695 NW 119TH ST	1695 NW 119TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH MIAMI, FL	City & State: NORTH MIAMI, FL
Zip: 33167 Country: USA	Zip: 33167 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business In Florida: 12/16/2021

6. FEI Number: X 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: Paracorp Incorporated

Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Drive, 1st Floor

Apt. #, Ste.:

City: Tallahassee State: FL Zip Code: 32301

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: Jody Moua,Assistant Secretary

REGISTERED AGENT MUST SIGN

Date: 11/4/2024

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Authorized representative	Jon Colton	1695 NW 119TH ST	NORTH MIAMI, FL 33167

11. E-mail Address: paracorp@myparacorp.com

(Required for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the member or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0112, 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Date: 11/10/24 Daytime Phone #: 631 617 1205

Typed or printed name of signing authorized representative/member: Jonathan Colton

C. LAWRENCE

NOV 20 2024

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/19/2024

NAME: TRINITY PETRO LLC

TYPE OF FILING: **REINSTATEMENT**

COST: **100.00**

RETURN: **PLAIN COPY PLEASE**

ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE**