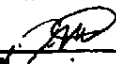


FILED

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SECRETARY OF STATE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L21000529729			
1. Limited Liability Company's Name TRINITY PETRO LLC			
2. Principal Office Address - No P.O. Box # 1695 NW 119TH ST		3. Mailing Office Address 1695 NW 119TH ST	
Subs. Apt. #, etc.		Subs. 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 ☒ Applied For ☐ Not Applicable			
7. CERTIFICATE OF STATUS DESIRED ☐ \$3.00 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) Address 155 Office Plaza Drive, 1st Floor Apt. #, Etc. 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  Date 11/4/2024 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
Authorized representative	Jon Colton	1695 NW 119TH ST	NORTH MIAMI, FL 33187
11. E-mail Address: paracorp@myparacorp.com (Delete used for future annual report notifications)			
12. I certify that I am an authorized representative/manager or the member or holder 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 606.0012, 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.156, F.S.			
Signature of authorized representative/manager  Date 11/10/24 My/Their Phone # 621 617 1205			
Typed or printed name of signing authorized representative/manager Jonathan Colton			

100439877801

CR2041 (1/14)

• C. LAWRENCE •

NOV 20 2024

FLORIDA FILING & SEARCH SERVICES, INC.

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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

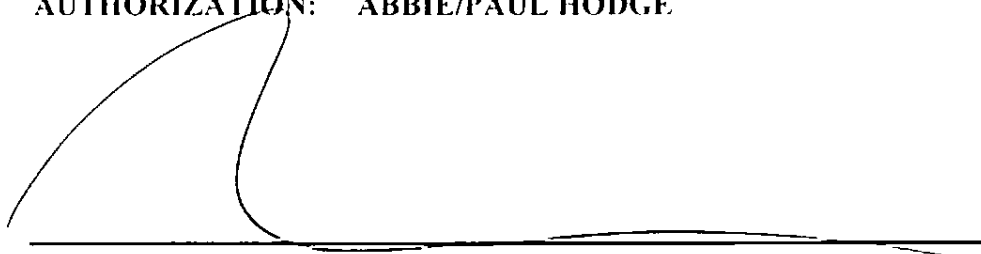
TYPE OF FILING: REINSTATEMENT

COST: 100.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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TALLAHASSEE
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