

07/07/05 13:35 FAX 9043991113

GARTNER BROCK SIMON

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Division of Corporations

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TALLAHASSEE, FLORIDA

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From: Account Name : GARTNER BROCK & SIMON  
Account Number : I19990000204  
Phone : (904) 399-0870  
Fax Number : (904) 399-1113

LIMITED LIABILITY REINSTATEMENT

TRI-D, LC

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TALLAHASSEE, FLORIDA

|  |   |  |
|--|---|--|
| <b>LIMITED LIABILITY COMPANY REINSTATEMENT</b> |  | <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |
|--|---|--|

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**DOCUMENT # L98000003280**

1. Limited Liability Company's Name  
**TRI-D, LC**

|   |                       |   |                       |
|---|-----------------------|---|-----------------------|
| 2. Principal Office Address<br><b>12746 Camellia Bay Dr W</b> |                       | 3. Mailing Office Address<br><b>12746 Camellia Bay Dr W</b> |                       |
| Suits, Apt. #, etc.   |                       | Suits, Apt. #, etc.   |                       |
| City & State<br><b>Jacksonville, Florida</b>                  |                       | City & State<br><b>Jacksonville, Florida</b>                |                       |
| Zip<br><b>32223</b>   | Country<br><b>USA</b> | Zip<br><b>32223</b>   | Country<br><b>USA</b> |

|   |  |
|---|--|
| 4. State/Country of Formation<br><b>Florida</b>   |  |
| 5. Date Organized or Qualified To Do Business in Florida<br><b>12/18/1998</b>   |  |
| 6. FEI Number<br><b>593578110</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See Filr Address on Fee Schedule for Certificate of Status</small> |  |

8. Name and Address of Current Registered Agent

Name **Bert C. Simon, Esquire**

Street Address (P.O. Box Number is Not Acceptable) **1660 Prudential Drive**

Suite, Apt. #, Etc. **Suite 203**

City **Jacksonville** State **FL** Zip Code **32207**

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 **7/7/05**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Title | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip          |
|-------|-----------------------------------|--|-----------------------------|
| MGR   | David H. Boelf                    | 12746 Camellia Bay Drive West                  | Jacksonville, Florida 32223 |
|       |                                   |  |                             |
|       |                                   |  |                             |
|       |                                   |  |                             |

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  Date **7/7/05** Daytime Phone # **904-343-9717**

Typed or printed name of signing Managing Member/Manager **Manager**

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CREDIT (12/05)