

**L98000003280**

Florida Department of State  
Division of Corporations  
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Fax Number : (850) 617-6383

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LIMITED LIABILITY REINSTATEMENT  
TRI-D, LC

Certificate of Status	1
Certified Copy	0
Page Count	02
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EXAMINER

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DIVISION OF CORPORATIONS  
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October 14, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TRI-D, LC  
7411 FULLERTON STREET  
SUITE 200  
JACKSONVILLE, FL 32256

SUBJECT: TRI-D, LC  
REF: L98000003280

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

The document number of the name conflict is P99000037263 (TRID, INC).

If you have any questions concerning the filing of your document, please call (850) 245-6855.


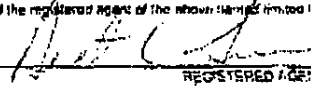
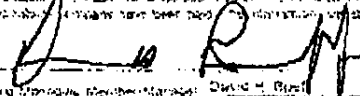
Tammy Hampton  
Regulatory Specialist II

FAX Aud. #: H10000224590  
Letter Number: 410A00024303

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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DIVISION OF CORPORATIONS  
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<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L98000003280</b> <small>1. Limited Liability Company's Name</small>			
<b>2. Principal Office Address - No P.O. Box</b> 7411 Fullerton Street Suite No. # etc. <b>Ste 200</b> City & State <b>Jacksonville, FL</b> Zip <b>32256</b>		<b>3. Mailing Office Address</b> 1032 West Dorchester DR Suite No. # etc. City & State <b>St. Johns, FL</b> Zip <b>32259</b>	
State/Country of Formation <b>FL/US</b>		Date Organized or Qualified To Do Business in Florida <b>12/18/1998</b>	
FEI Number <b>593578110</b>		Applied For: <input type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> CERTIFICATE OF STATUS DESIRED		<input type="checkbox"/> Additional fees required to obtain Certificate of Status	
<b>4. Name and Address of Current Registered Agent</b>			
Name <b>Bert C. Simon</b> Street Address (P.O. Box Number is Not Acceptable) <b>1800 Prudential Drive</b> Suite Apt. # Etc. <b>208</b> City <b>Jacksonville</b>			
State Zip Code <b>FL 32207</b>			
<b>5. 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.</b>			
Signature of Registered Agent 		Date <b>11/12/10</b>	
REGISTERED AGENT MUST SIGN			
<b>10. Names and Street Address of Managing Members/Managers</b>			
Title <b>MGR</b>	Name of Managing Member/Manager <b>David H. Boeff</b>	Street Address of Each Managing Member/Manager <b>1032 W. Dorchester Dr.</b>	City, State, Zip <b>St. Johns, FL 32259</b>
<b>11. E-mail Address: <a href="mailto:boeffd@grivas.com">boeffd@grivas.com</a></b>			
<b>12. I certify that I am managing member/manager of the named or to be named limited liability company and that the application is provided for in Chapter 608 F.S. I further certify that when I apply for a new state/foreign application for a reason for dissolution and have a limited liability company name that is the requirement of section 608.406(4)(b), and that the fees due on this application have been paid. My signature, printed name and address on this application and the signature will have the same legal effect as if made under oath.</b>			
Signature of Managing Member/Manager 		Date <b>11/12/10</b>	
Printed Name of Managing Member/Manager <b>David H. Boeff</b>		Telephone Number <b>904-343-9717</b>	

REINSTATEMENT 2009-2010