L98000003280

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
TRI-D, LC

Certificate of Status	1
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T. HAMPTON
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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 refax 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

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L98000003280

1 Limited Liability Company's Name

TRI-D, LC

CR2E041 (06/10)

2 Principal Office Address - No P.O. Box #
7411 Fullerton Street
Suite No. # etc
Ste 200
City & State
Jacksonville, FL
Zip 32256 Country US

3 Mailing Office Address
1032 West Dorchester DR
Suite No. # etc
City & State
St. Johns, FL
Zip 32259 Country US

4 State/Country of Formation
FL/US

5 Date Organized or Qualified To Do Business in Florida 12/18/1998

6 FEI Number 593578110 ☐ Applied For ☐ Not Applicable

7 CERTIFICATE OF STATUS DESIRED ☒ $30.00 additional fee required for a certificate of status

8 Name and Address of Current Registered Agent

Name
Bert C. Simon

Street Address (P.O. Box Number is Not Acceptable)
1660 Prudential Drive
Suite Apt. # Etc
203

City Jacksonville State FL Zip Code 32207

9 I hereby accepted 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
REGISTERED AGENT MUST SIGN

Date 11/12/10

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. Boeff	1032 W. Dorchester Dr.	St. Johns, FL 32259

11 Annual Report Information

12 I certify that I am a managing member/manager of the limited liability company named in this application, or authorized to do so on behalf of the limited liability company named in this application, and that the facts stated in this application are true. I understand that the information contained in this application, when filed with the Department of State, will be a public record. I further understand that the signature below will have the same legal effect as if made under oath.

Signature of Managing Member/Manager Date 11/12/10 Daytime Phone 904-343-9717

Printed or typed name of signing Managing Member/Manager David H. Boeff

REINSTATEMENT 2009-2010