

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

APPROVED  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-02/28/02--01059--029  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

LIMITED LIABILITY COMPANY REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 990000002234  
1. Limited Liability Company's Name  
TRIO VENTURES, LLC

2. Principal Office Address  
P.O. Box 4702  
Suite, Apt. #, etc.  
City & State  
Clark NJ  
Zip  
07015-4702 Country  
USA

3. Mailing Office Address  
SAME  
Suite, Apt. #, etc.  
City & State  
Zip  
Country  
4. State/Country of Formation  
FLORIDA USA  
5. Date Organized or Qualified To Do Business In Florida  
4/20/99  
6. FEI Number  
65-0914537 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  
SMITH (BILL T.), JR  
Street Address (P.O. Box Number is Not Acceptable)  
1650 S. DIXIE HWY  
Suite, Apt. #, Etc.  
City  
BOCA RATON, FL 33432  
State  
FL Zip Code

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\*\*\*\*\*5.00 \*\*\*\*\*5.00

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  
[Signature] Registered Agent  
Date  
2/24/02

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
STD	WITMER, LINDA	50 EDWARDS RD.	CLARK, NJ 07013
PD	PAOLUCCI, J. DEAN	71 COUNTRY LANE	CLARK, NJ 07013

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  
[Signature] Date  
2/20/02 Daytime Phone #  
Typed or printed name of signing Managing Member/Manager

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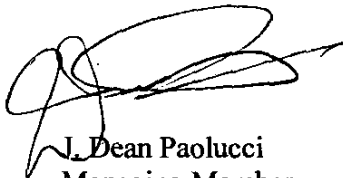
**TRIO VENTURES, LLC  
PO BOX 4702  
CLIFTON, NJ 07015-4702**

February 21, 2002

To Whom It May Concern:

I am the managing member of Trio Ventures, LLC. At no time have I received forms from the State of Florida which needed to be filed in connection with this entity. Please note although Trio Ventures is a Florida LLC all the members reside in the State of New Jersey. I am therefore requesting that the mailing address be change to:

Trio Ventures, LLC  
PO Box 4702  
Clifton, NJ 07015-4702



J. Dean Paolucci  
Managing Member  
Trio Ventures, LLC