

Florida Department of State  
Division of Corporations  
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To:

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From:

Account Name : AKERMAN, SENTERFITT OF JACKSONVILLE  
Account Number : 105543000740  
Phone : (904) 798-3700  
Fax Number : (904) 354-4459

LIMITED LIABILITY REINSTATEMENT

TRILEGACY GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$150.00

3

1/8/02



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 9, 2002

TRILEGACY GROUP, LLC  
2625 WEST 5TH STREET  
JACKSONVILLE, FL 32203

SUBJECT: TRILEGACY GROUP, LLC  
REF: L99000003012

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
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02 JAN 10LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L99000003012

## 1. Limited Liability Company's Name

TRILEGACY GROUP, LLC

## 2. Principal Office Address

2625 West 5th Street

Suite, Apt. #, etc.

City &amp; State

Jacksonville, FL

Zip

32203

Country

US

## 3. Mailing Office Address

2625 West 5th Street

Suite, Apt. #, etc.

City &amp; State

Jacksonville, FL

Zip

32203

Country

US

## 4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

05-26-99

## 6. FEI Number

59-3578819

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

Carlton H. Spence

Street Address (P.O. Box Number is Not Acceptable)

2625 West 5th Street

Suite, Apt. #, Etc.

City

Jacksonville, FL

State  
FLZip Code  
32203

## 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

Carlton H. Spence

REGISTERED AGENT MUST SIGN

Date 12/20/01

## 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
MGRM	Jeffrey C. Spence	2625 West 5th Street	Jacksonville, FL 32203

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 508.406, 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

Jeffrey C. Spence

Date 12/20/01

Daytime Phone # 904-486-8034

H01000123005

Typed or printed name of signing Managing Member/Manager

Jeffrey C. Spence