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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000000492

Name and Mailing Address

0008777 01 AT 0.292 \*\*AUTO T2 0 0515 33325-150801

TRINITY GROUP HOLDINGS LLC  
11201 NW 8TH ST  
PLANTATION FL 33325-1508

2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/21/2002	
Principal Place of Business 11201 NW 8TH ST PLANTATION FL 33325	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 71-0863859	Applied For Not Applicable
8. Name and Address of Current Registered Agent  RUSSELL, TWAN 11201 NW 8TH ST PLANTATION FL 33325		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <u>[Signature]</u> <b>REQUIRED</b> Date <u>10-24-03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	RUSSELL, TWAN	11201 NW 8TH ST	PLANTATION FL 33325
MGRM	RUSSELL, LYSANDRA	11201 NW 8TH ST	PLANTATION FL 33325
		500024345255 11/03/03--01003--012 **150.00	
		<b>REINSTATEMENT</b> 03 dec	
12. 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 <u>[Signature]</u> <b>REQUIRED</b> Date <u>10-24-03</u> Daytime Phone # <u>(954) 452-2680</u> Typed or printed name of signing Managing Member/Manager <u>Lysandra Russell</u>			

CR2E084 (7/03)