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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA 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 #** M02000000516

Name and Mailing Address

0008762 01 AT 0.292 \*\*AUTO T2 0 0615 33325-150801



TRINITY ENTERTAINMENT 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 02/25/2002	
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 agent of the above company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> REGD IT MUST SIGN Date 10-24-03			
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
MGRM	RUSSELL, LYSANDRA	11201 NW 8TH ST.	PLANTATION FL
500024345335 11/03/03--01003--017 **150.00			
REINSTATEMENT 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

**SIGNATURE REQUIRED**

Date 10-24-03

Daytime Phone (954) 452-2680

Typed or printed name of signing Managing Member/Manager

Lysandra Russell

CR2E084 (7/03)