PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 26 PM 4:06

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100176013931
04/15/10 01041 013 450.00

CR2E081 (11/09)

DOCUMENT # P07000011128

1. Corporation Name

TRIVENO CORPORATION

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
13617 SW 117 LN	13617 SW 117 LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI	City & State: MIAMI
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 01/24/2007

5. FEI Number: 26-1624918 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: HERNANDEZ CPA & CO,INC.

Street Address (P.O. Box Number is Not Acceptable): 1330 NW 84 AVE

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33126

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 03/11/2010

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPT	TRIVENO ADOLFO	13617 S.W 117 LN	MIAMI FLORIDA 33186

B 5/26/10

REINSTATEMENT 08-10

10. E-mail Address: dhernandez@hernandez-cpa.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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: _____ 03/11/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Triveno Corporation
P07000011128

To: Division of Corporation

Re: Triveno Corporation

As per your request I am sending this letter to inform you that my signature is as indicated in the Reinstatement form. If you have any questions feel free to contact me at our mailing address listed in the form. Thank you in advance for your attention in this matter.

Cordially,
Adolfo Triveno