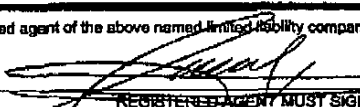
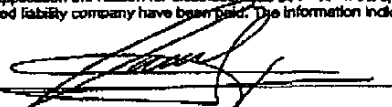


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 192 07 APR -4 PM 4:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 97-07 CR2E041 (8/05)	
DOCUMENT # P96000002712 1. Limited Liability Company's Name TRIAD C.A. Corp					
2. Principal Office Address 11749 SW 91 Terrace		3. Mailing Office Address 11749 SW 91 Terrace		4. State/Country of Formation Florida	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		5. Date Organized or Qualified To Do Business in Florida 01/09/1996	
City & State Miami, Florida		City & State Miami, Florida		6. FEI Number ☐ Applied For ☒ Not Applicable	
Zip 33186	Country USA	Zip 33186	Country USA	7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 additional fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Luis Urena					
Street Address (P.O. Box Number is Not Acceptable) 8600 NW 30th Terrace					
Suite, Apt. #, Etc. 					
City Miami				State FL	Zip Code 33122
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  Date 4/1/07 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
Director	Luis O. Urena	11749 SW 91 Terrace	Miami, FL 33186		
President	Luis O. Urena	11749 SW 91 Terrace	Miami, FL 33186		
Vice-President	Gisela Urena	11749 SW 91 Terrace	Miami, FL 33186		
Secretary	Gisela Urena	11749 SW 91 Terrace	Miami, FL 33186		
Treasurer	Gisela Urena	11749 SW 91 Terrace	Miami, FL 33186		
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  Date 04/01/2007 Daytime Phone # 305-772-0304 Typed or printed name of signing Managing Member/Manager Luis O. Urena					

H070000883293

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CORPORATION REINSTATEMENT

TRIAD C.A. CORP.

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