PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~LIMITED LIABILITY~~ COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED 1 42
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	3. Mailing Office Address
11749 SW 91 Terrace	11749 SW 91 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/09/1996

6. FEI Number: ☑ 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: 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

Titles	Name of Managing Members/ 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

H07000083293

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

TRIAD C.A. CORP.

Certificate of Status	0
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Page Count	02
Estimated Charge	~~$2,400.00~~

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