

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000005640

1. Limited Liability Company's Name

Temarto Group LLC

2. Principal Office Address - No P.O. Box #

3111 Mahan Dr

Suite, Apt. #, etc.

25

City & State

Tallahassee FL

Zip

32318

Country

USA

3. Mailing Office Address

2202 W. Doublegate Dr

Suite, Apt. #, etc.

City & State

Albany Ga

Zip

31721

Country

USA

4. State/Country of Formation

Ga. USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-3520384

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

Smith, Rick

Street Address (P.O. Box Number is Not Acceptable)

107 E THORPE ST.

Suite, Apt. #, Etc.

City

Tallahassee FL

State

FL

Zip Code

32303

☐ A \$100 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 \$100
reinstatement be waived.

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

Rick Smith
REGISTERED AGENT MUST SIGN

Date

11/2/10

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
MEM	Terry C Ho	2202 W. Doublegate Dr	Albany Ga 31721

700166850297

02/09/10--01001--005 **138.75

JB

REINSTATEMENT 2008-10

11. E-mail Address: HKKC 64 @ AOL.COM

(To be used for future annual report notifications)

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

J/AU

Date

1/13/10

Daytime Phone #

229 347 6326

Typed or printed name of signing Managing Member/Manager

377.50



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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FILED

10 FEB -8 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 27, 2010

TEMARTO GROUP LLC
3111 MAHAN DR #25
TALLAHASSEE, FL 32318

SUBJECT: TEMARTO GROUP, LLC
Ref. Number: M05000005640

We have received your document for TEMARTO GROUP, LLC and your check(s) totaling \$377.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$516.25.

We need an additional check in the amount of \$138.75

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 110A00002145