PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | FILED 02 MAR 11 AM 10: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA |

DOCUMENT # _L 0000000 5036_

1. Limited Liability Company's Name

TLC LLC

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600005171596---3
-03/27/02--01038--024
****155.00   ****155.00
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2. Principal Office Address	**3.** Mailing Office Address _7579 West_	**4.** State/Country of Formation
7579 West Country Club Blvd / _Country Club Blvd_		_Florida / U.S.A._
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Date Organized or Qualified To Do Business in Florida _6-1-00_
City & State _Boca Raton Fl._	City & State _Boca Raton Fl_	**6.** FEI Number _65-1013298_ — Applied For / Not Applicable
Zip _33487_ Country _USA_	Zip _33487_ 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 _William J McRae_

Street Address (P.O. Box Number is Not Acceptable) _7579 West Country Club Blvd._

Suite, Apt. #, Etc.

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600005171596---3
-03/27/02--01038--025
*****50.00   *****50.00
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| City _Boca Raton_ | State **FL** | Zip Code _33487_ |

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 _12-28-01_

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
MGRM	_William J McRae_	_7579 W. Country Club Blvd_	_Boca Raton Fl. 33487_

REINSTATEMENT _01-02 cw_

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 _12-28-01_   Daytime Phone # _561-248-0929_

Typed or printed name of signing Managing Member/Manager _____

CR2E041 (9/01)