

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2005 JAN 14 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005720

1. Limited Liability Company's Name

TICELU, LLC

2. Principal Office Address

15317 LOCH ISLE DR W

Suite, Apt. #, etc.

City & State

MIAMI LAKES FL 33014

Zip

33014

Country

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

5/15/2000

6. FEI Number

65-1013485

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

PAULA YUH-LING LIU

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

15317 LOCH ISLE DR W

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33014

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

REGISTERED AGENT MUST SIGN

Date

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
MGR	PAULA YUH-LING LIU	15317 LOCH ISLE DR W	MIAMI LAKES FL 33014

REINSTATEMENT 02-04

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01/11/05 01024 014 **250.00

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

Paula Yuh-Ling Liu

Date

1/6/05

Daytime Phone#

(305) 362-8050

Typed or printed name of signing Managing Member/Manager

Paula Yuh-Ling Liu

CR2041 (10/02)