

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 23 AM 8:48

DOCUMENT # L00000006535

1. Limited Liability Company's Name

The Telemarque Group Ltd., L.L.C.

2. Principal Office Address

10053 S.W. 16th Street

Suite, Apt. #, etc.

3. Mailing Office Address

10053 S.W. 16th Street

Suite, Apt. #, etc.

City & State

Pembroke Pines, Florida

City & State

Pembroke Pines, Florida

Zip

33025

Country

USA

Zip

33025

Country

USA

4. State/Country of Formation

Miami-Dade

**5. Date Organized or Qualified
To Do Business in Florida**

06/06/2000

6. FEI Number

651015170

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

James L. Mackey

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

10053 S.W. 16th Street

Suite, Apt. #, Etc.

n/a

City

Pembroke Pines

State

FL

Zip Code

33025

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**

James L. Mackey

REGISTERED AGENT MUST SIGN

Date August 22, 2005

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
M	James L. Mackey	10053 S.W. 16th Street	Pembroke Pines, Florida 33025
AM	Tammy Dickerson	2037 Fernwood Avenue	Toledo, Ohio 43607

REINSTATEMENT 03-05

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**

James L. Mackey

Date 8-22-05

Daytime Phone# 786-486-5392

Typed or printed name of signing Managing Member/Manager

James L. Mackey

CR2E041 (10/02)