

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


07 JAN 22 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800086234258
01/25/07--01041--019 **305.00

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000007834

1. Limited Liability Company's Name

TCM ENTERPRISES, LLC

BR
02

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

4501 TAMiami TRAIL NORTH

3. Mailing Office Address

483 KYLE LANE

Suite, Apt. #, etc.

STE 204

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

CLEVELAND, TN

Zip

Country

34103

Zip

Country

37312

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

06-27-00

6. FEI Number 59-3655031

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

DAVID MCEL RATH

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

4501 TAMiami TRAIL NORTH

Suite, Apt. #, Etc.

STE 204

City

NAPLES

State

FL

Zip Code

34103

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

D. Moss

Date

1-19-07

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
MGRM	TED C. MOSS	483 KYLE LANE	CLEVELAND, TN 37312
MGR	DAVID MCEL RATH	4501 TAMiami TRAIL NORTH, STE; 204	NAPLES, FL 34103

REINSTATEMENT 2002-2007

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

D. Moss

Date

1-19-07

Daytime Phone #

239-262-1202

Typed or printed name of signing Managing Member/Manager

DAVID MCEL RATH