

000000009904

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 18 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Tamwest, L.L.C.

2. Principal Office Address

1825 Main Street

Suite, Apt. #, etc.

Suite 201

City & State

Weston, FL

Zip

33326

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

651046527

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

Jeffrey Tew c/o Tew Cardenas Rebak

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

201 S. Biscayne Boulevard 400009581204

Suite, Apt. #, Etc.

Miami Center, Suite 2600

City

Miami

State

FL

Zip Code

33131

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

*Jeffrey Tew*

REGISTERED AGENT MUST SIGN

Date

12/10/02

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Mr.    | Charles Tamburello                   | 1825 Main St., Ste. 201                           | Weston, FL 33326   |
| Mrs.   | Regina Tamburello                    | 1825 Main St., Ste. 201                           | Weston, FL 33326   |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

REINSTATEMENT

*02*  
*dec*

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

*Regina Tamburello*

Date

12/5/02

Daytime Phone #

(954) 217-8555

Typed or printed name of signing Managing Member/Manager

Regina Tamburello