

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

01 DEC 11 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000010271

1. Limited Liability Company's Name

TLC Ventures LLC

2. Principal Office Address

12938 SW 26th Street

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33027

Country

USA

3. Mailing Office Address

12938 SW 26th Street

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33027

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

August 25, 2000

6. FEI Number

65-1035231

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

John H. Copeland, III

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

12938 SW 26th Street

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

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

*John H. Copeland, III*

Date

12/3/01

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
MGR	John H. Copeland III	12938 SW 26th Street	Miramar, FL 33027

REINSTATEMENT 01

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

*John H. Copeland, III*

Date

12/3/01

Daytime Phone #

305 797 8877

Typed or printed name of signing Managing Member/Manager

John H. Copeland III