

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000016248

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

Jul 15, 2002 8:00 A.M.

Secretary of State

DOCUMENT # **L00000016248**

1. Limited Liability Company's Name

TAM HOLDINGS, L.L.C.

900006494689--1
-07/18/02--01080--018
****205.00 ****205.00

2. Principal Office Address

10 Seneca Road

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip **33308**

Country

USA

3. Mailing Office Address

10 Seneca Road

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip **33308**

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/28/2000

6. FEI Number

65-1063306

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 Baghdassarian

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

1608 E. Commercial Blvd

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33334

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

[Signature]

Date

7/8/02

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	Andres Mencra	1608 E. Commercial Blvd	Fort Lauderdale, FL 33334
MGRM	Rosemary Mencra	1608 E. Commercial Blvd	Fort Lauderdale, FL 33334
MGR	David Baghdassarian	1608 E. Commercial Blvd	Fort Lauderdale, FL 33334

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

[Signature]

Date

7/8/02

Daytime Phone #

954-489-1345

Typed or printed name of signing Managing Member/Manager

David Baghdassarian

CR2E041 (9/01)