

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 18 PM 1:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **01000005711**

1. Limited Liability Company's Name

TM SYSTEMS, LLC

400013086224
02/25/03--01015--017 **155.00

MJH

2. Principal Office Address

419A Espanola Way

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

419A Espanola Way

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

USA

2/18 2002-2003

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

June 2001

6. FEI Number

54 203 2679

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

PENINSULA REGISTERED AGENTS, INC.

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

200 South Biscayne Boulevard

Suite, Apt. #, Etc.

43rd Floor

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.

PENINSULA REGISTERED AGENTS, INC.

Signature of

Registered Agent

By: *Debra Palmisano*

Date

REGISTERED AGENT MUST SIGN Debra Palmisano, Vice President

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/Mgr	Kenneth D. Lorber	3002 Quayside Lane	Miami, FL 33138
M/Mgr	Carlos Contreras	419A Espanola Way	Miami Beach, FL 33139
M/Mgr	Richard Villante	152 Colonial Parkway	Manhasset, NY 11030
M/Mgr	Benjamin Moody	1680 Michigan Avenue	Miami Beach, FL 33139

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

Date

2/10/03

Daytime Phone #

305 535 6373

Typed or printed name of signing Managing Member/Manager

Kenneth D. Lorber

CR2E041 (10/02)