

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:06

DOCUMENT # L01000013155

1. Limited Liability Company's Name

Tempus Group LLC

800080312498
09/23/06--01063--012 **150.00

CR2E041 (8/05)

2. Principal Office Address

4521 PGA Blvd, #106

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Zip

33418

Country

USA

Zip

Country

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

593739863

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

Douglas G. Fathers

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

4521 PGA Blvd, #106

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State
FL

Zip Code
33418

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

Date **20 Sep 06**

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	Douglas G. Fathers	9014 Alister Blvd E, 101	Palm Beach Gardens, FL 33418
M	Andrew Braverman	9014 Alister Blvd E, 101	Palm Beach Gardens, FL 33418

REINSTATEMENT 05-06

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 **20 Sep 06**

Daytime Phone # **646-675-6286**

Typed or printed name of signing Managing Member/Manager **Douglas G. Fathers**