L01000013794

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

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

DOCUMENT # L01000013794

1. Limited Liability Company's Name
TCC, LC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1110 Brickell Avenue | 1110 Brickell Avenue |
| Suite, Apt. #, etc.: Suite 806 | Suite, Apt. #, etc.: Suite 806 |
| City & State: Miami, Florida | City & State: Miami, Florida |
| Zip: 33131 Country: US | Zip: 33131 Country: US |

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 08/16/2001

6. FEI Number: 22-3821279 ☐ 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: Juan Pablo Bayona

Street Address (P.O. Box Number is Not Acceptable): 1110 Brickell Avenue

Suite, Apt. #, Etc.: Suite 806

REINSTATEMENT 2002

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: [signature] REGISTERED AGENT MUST SIGN Date: 11/22/2002

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 | Juan Pablo Bayona | 1110 Brickell Avenue, Suite 806 | Miami, Florida 33131 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

11/25 JBL

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: 11/25/2002 Daytime Phone #: 305-416-4666

Typed or printed name of signing Managing Member/Manager: Juan Pablo Bayona, Member

CR2E041 (8/01)

Division of Corporations

https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe

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## Division of Corporations
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Account Name : BILZIN, SUMBERG DUNN BAENA PRICE & AXELROD LLP.
Account Number : 075350000132
Phone : (305)374-7580
Fax Number : (305)350-2446

# LIMITED LIABILITY REINSTATEMENT

## TCC, LC

| | |
|---|---|
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