L01000014286

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 17 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

DOCUMENT # L01000014286

1. Limited Liability Company's Name

AUSIT TD, LLC

02

2. Principal Office Address	3. Mailing Office Address
7871-A UNIVERSITY AVENUE	7871-A UNIVERSITY AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LA MESA, CA	City & State: LA MESA, CA
Zip: 91941-4971 Country: USA	Zip: 91941-4971 Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 08-21-2001

6. FEI Number: 59-3740931 ☐ 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: F&L Corp

Street Address (P.O. Box Number is Not Acceptable): One Independent Drive

Suite, Apt. #, Etc.: Suite 1300

City: Jacksonville State: FL Zip Code: 32202-5017

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 _____

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	STEPHEN R. KAPLAN	7871-A UNIVERSITY AVENUE	LA MESA, CA 91941-4971 USA

REINSTATEMENT 2002-2004

600043673676
12/28/04--01039--015 **150.00

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 12/9/04 Daytime Phone # 619-644-8330

Typed or printed name of signing Managing Member/Manager STEPHEN R. KAPLAN

STF FL32476F.1

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Ausit TD, LLC
7871-A University Avenue
La Mesa, California 91941-4971

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Reinstatement of Ausit TD, LLC
Document No. L01000014286

Dear Madam or Sir:

Please consider our request to waive the reinstatement fee for Ausit TD, LLC. We did not receive the prior filing notices issued in 2002.

AUSIT TD, LLC,
a Florida limited liability company

By: _____
Stephen R. Kaplan, Managing Member

Date: 12/9/04