

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

03 DEC 11 PM 1:45

DOCUMENT # 401000015465

1. Limited Liability Company's Name

TOTAL TECH CARE, LLC

REINSTATEMENT

2. Principal Office Address

600 PROSPECT

Suite, Apt. #, etc.

2-G

City & State

OAKLAND PARK FL

Zip

33309

Country

USA

3. Mailing Office Address

273 SOUTH STATE RD 7

Suite, Apt. #, etc.

162

City & State

MARGATE FL

Zip

33068

Country

USA

4. State/Country of Formation

FLORIDA

BROWARD

5. Date Organized or Qualified
To Do Business in Florida

9/10/01

6. FEI Number

65-1149071

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

ROBERT ST. GERMAIN

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

600 PROSPECT

Suite, Apt. #, Etc.

2-G

City

OAKLAND PARK

State

FL

Zip Code

33309

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

12/08/03

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
MEM	ROBERT ST. GERMAIN	3905 NE 21ST AVE APT 1	FT. LAUDERDALE, FL, 33308
		2002-	
		2003	
			800025405428
			12/11/03--01008--001 **200.00

REINSTATEMENT

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

12/08/03

Daytime Phone #

954-445-1469

Typed or printed name of signing Managing Member/Manager

ROBERT ST. GERMAIN

CR20041 (10/02)