

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION
FOR
REINSTATEMENT



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

1. DOCUMENT # L01000019082

Name and Mailing Address

0010482 01 FP 0.352 **PRSR HB 0 0615 34695-563302



TANDEL SYSTEMS, LLC
1602 HUNTINGTON LANE
SAFETY HARBOR FL 34695-5633

FILED

02 OCT 25 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business

1602 HUNTINGTON LANE
SAFETY HARBOR FL 34695

3. New Principal Place of Business Address

13350 US Hwy 19N N/5892

City, State, Zip

Clearwater FL 33764

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/06/2001

6. FEI Number

59-3757198

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

VARGA, MICHAEL
1602 HUNTINGTON LANE
SAFETY HARBOR FL 34695

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 10-23-02

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------|-----------------------------------|--|------------------------|
| COO | Michael Varga | 1602 Huntington Ln Safety Harbor FL | Safety Harbor FL 34695 |
| COO | Joseph Philipose | 8884 Laurel Dr. | Pinellas Park FL 33782 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

9000008595889
10/25/02--01078--002 **50.00

12. 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]

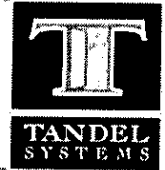
Date 10-23-02 Daytime Phone # 727-539-3189

Typed or printed name of signing Managing Member/Manager

Michael P Varga

CR2E084 (8/02)

TANDEL SYSTEMS
MASTERING COMPLEXITY



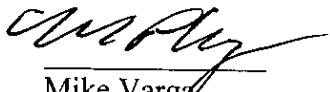
23 October 2002

To: Florida Department of State
Division of Corporations

Dear Sir or Madam,

We received the attached form and have not received the indicated 2002 Uniform business report, or if so, did not recognize the requirement; I cannot say which, but the current form is very clear. We are a new company, growing rapidly and wish to be an effective member of Florida commerce, and I appreciate the opportunity to submit our overdue \$50 fee as indicated in my phone conversation with your staff.

Thank you,


Mike Varga
CEO
Tandel Systems LLC