

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 OCT 31 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000000816

1. Limited Liability Company's Name:

TCJ, LLC

2. Principal Office Address

2521 Egret Lake Drive

Suite, Apt. #, etc.

City & State

Greenacres, FL

Zip

33413

County

3. Mailing Office Address

2521 Egret Lake Drive

Suite, Apt. #, etc.

City & State

Greenacres, FL

Zip

33413

County

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 1/10/2002

6. FEI Number

01-0569871

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

Tanya A. Greer

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

2521 Egret Lake Drive

Suite, Apt. #, etc.

City

Greenacres

State

FL

Zip Code

33413

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

*Tanya Greer*  
REGISTERED AGENT MUST SIGN

Date

10/04/05

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
Member	Marguerite R. Tolliver Revocable Trust dated November 16, 2001	2521 Egret Lake Drive	Greenacres FL 33413
Member	Tanya A. Greer	2521 Egret Lake Drive	Greenacres FL 33413
MANAGER	Marguerite R. Tolliver	2521 Egret Lake Lane	Greenacres, FL 33413
MANAGER	Tanya A. Greer	2521 Egret Lake Lane	Greenacres, FL 33413

**REINSTATEMENT** 2003-2005

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

*Tanya Greer*  
TANYA GREER

Date 10/4/2005

Daytime Phone # 561-792-3703

Type or print name of signing Managing Member/Manager

, Member