PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY -1 AM 11:05

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L02000003759

1. Limited Liability Company's Name
TVR LEASING, LLC

2. Principal Office Address	3. Mailing Office Address
803 Shallow Brook Ave	803 Shallow Brook Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Springs	City & State: Winter Springs
Zip: 32708 Country: USA	Zip: 32708 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 02/13/2002

6. FEI Number: 20-4791254 ☐ 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: RICHARD A. BARBER, CPA

Street Address (P.O. Box Number is Not Acceptable): 803 Shallow Brook Ave

Suite, Apt. #, Etc.:

City: Winter Springs State: FL Zip Code: 32708

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 5/1/2006
REGISTERED AGENT MUST SIGN

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
MGR	MARK A BROUGHTON	803 Shallow Brook Ave	Winter Springs, FL 32708
MGR	JANE E BROUGHTON	803 Shallow Brook Ave	Winter Springs, FL 32708
MGRM	GRAHAME BROUGHTON	803 Shallow Brook Ave	Winter Springs, FL 32708

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05/22/06--01059--006 **250.00

REINSTATEMENT 04-06

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 4 MAY 06 Daytime Phone # 713 298 3708

Typed or printed name of signing Managing Member/Manager GRAHAME BROUGHTON