

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000004956

Name and Mailing Address

0004991 01 AT 0.292 \*\*AUTO TO 0 0615 33032-630301



TECH-MARKETING COMMUNICATIONS GROUP L.L.C.  
15001 SW 256TH STREET  
HOMESTEAD FL 33032-6303



2. New Mailing Address

City, State, Zip

Principal Place of Business

15001 SW 256TH STREET  
HOMESTEAD FL 33032

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida

02/26/2002

6. FEI Number

41-2028776

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

MARCUS, MICHAEL J  
317 N. KROME AVENUE  
HOMESTEAD FL 33030

9. Name and Address of New Registered Agent

Name

Larry W. Richardson

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

15001 S.W. 256th St.

City

Homestead

FL

33012

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]* **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-27-03

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
MGR	RICHARDSON, LARRY W	15001 SW 256TH STREET	HOMESTEAD FL 33032
MGR	RICHARDSON, MARGARET D	15001 SW 256TH STREET	HOMESTEAD FL 33032

800024328808  
10/31/03-01022-018-\*\*-155.00

REINSTATEMENT

03 cus  
dec

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]* **SIGNATURE REQUIRED**

Date 10-27-03

Daytime Phone # 305-258-5531

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)