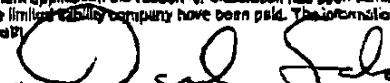


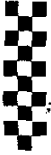
9419544691 P.02/02

FILED

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 AUG 18 PM 3:12 SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # L020000006701					
1. Limited Liability Company's Name T.A.D. Development, L.L.C. c/o Dan Solaz					
2. Principal Office Address 178 Myrtle Boulevard Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.		4. State/Country of Formation FL	
5. City & State Larchmont, NY		6. City & State 		7. Date Organized or Qualified To Do Business in Florida 3/20/02	
8. Zip 10538		9. Country		10. PEI Number ☒ Applied For ☐ Not Applicable	
11. Certificate of Status Desired ☐		12. \$5.00 Additional Fee required for a Certificate of Status			
13. Name and Address of Current Registered Agent					
Name JOHN M. COMPTON					
Street Address (P.O. Box Number is Not Acceptable) 1819 Main Street					
Suite, Apt. #, Etc. Suite 610					
City Sarasota,		State FL		Zip Code 34236	
14. 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 _____ REGISTERED AGENT MUST SIGN					
15. Names and Street Addresses of Managing Members/Managers					
Titles		Name of Managing Members/Managers		Street Address of Each Managing Member/Manager	
City / State / Zip					
MGRM		OIDC, Inc.		178 Myrtle Boulevard	
REINSTATEMENT					
16. I certify that I am managing member/manager or the owner 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 7/26/04 Daytime Phone 203 661 3031					
Typed or printed name of signing Managing Member/Manager Dan Solaz					



AUG-18-2004 09:39

NORTON HAMMERSLEY LOPEZ &

9419544691

P.01/02

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000124394 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number :

Michelle - 850-410-1015

From:

Account Name : NORTON, GURLEY, HAMMERSLEY & LOPEZ, P.A.

Account Number : I20010000202

Phone : (941) 954-4691

Fax Number : (941) 954-2128

LIMITED LIABILITY REINSTATEMENT

T.A.D. DEVELOPMENT, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$200.00

Electronic Filing Menu

Corporate Filing

Public Access Help