PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

MJH

DOCUMENT # L02000006701

1. Limited Liability Company's Name
T.A.D. Development, L.L.C.
c/o Dan Solaz

2. Principal Office Address	3. Mailing Office Address
178 Myrtle Boulevard	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Larchmont, NY	City & State
Zip: 10538 Country	Zip Country

4. State/Country of Formation: FL
5. Date Organized or Qualified To Do Business in Florida: 3/20/02
6. FEI Number: ☐ 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: 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

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: _____
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
MGRM	OIDC, Inc.	178 Myrtle Boulevard	Larchmont, NY 10538
		REINSTATEMENT	2003-2004

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 608.508, 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 8072

Typed or printed name of signing Managing Member/Manager: Dan Solaz

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : [redacted] 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
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