

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM

L02000007628

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 12 AM 9:13

FILED
TALLAHASSEE, FLORIDA

DOCUMENT # L02000007628

1. Limited Liability Company's Name

T. G. Enterprises, LLC

000024898210
11/21/03--01007--016 **150.00

2. Principal Office Address

c/o Alan Lips, CPA

3. Mailing Office Address

c/o Alan Lips, CPA

Suite, Apt. #, etc.

Gerson, Preston, Robinson

Suite, Apt. #, etc.

Gerson, Preston, Robinson

City & State

666-71st St., Miami Beach FL

City & State

666-71st St., Miami Beach FL

Zip

33141

Country

USA

Zip

33141

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

March 29, 2002

6. FEI Number

01-0655500

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

Atrium Registered Agents, Inc.

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

1500 San Remo Avenue

Suite, Apt. #, Etc.

125

City

Coral Gables

State

FL

Zip Code

33146

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

[Signature] Vice President
REGISTERED AGENT MUST SIGN

Date 11/11/03

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	Tzachi Gonen	c/o Alan Lips, CPA Gerson, Preston Robinson, 666-71st Street	Miami Beach, FL 33141
MEM	Tamara Gonen	c/o Alan Lips, CPA Gerson, Preston Robinson, 666-71st Street	Miami Beach, FL 33141

REINSTATEMENT 2003

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

[Signature]

Date 11/11/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Tzachi Gonen

CR2E041 (10/02)