

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 # L02000008169

Name and Mailing Address

0004291 01 AT 0.292 **AUTO T8 0 0615 32960-381125



TMTFEE, LLC
3725 12TH COURT
VERO BEACH FL 32960-3811



2. New Mailing Address

City, State, Zip

Principal Place of Business

3725 12TH COURT
VERO BEACH FL 32960

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

04/05/2002

6. FEI Number

650968264

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

LARSON, THOMAS
1475 CORONA LANE
VERO BEACH FL 32963

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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
MGRM	MAHOLTZ, MICHELE M.D. MAHOLTZ	1475 CORONA LANE	VERO BEACH FL 32963
MGRM	LARSON, THOMAS	1475 CORONA LANE	VERO BEACH FL 32963

600024328746
10/31/03-01022-014 **150.00

REINSTATEMENT

03

olcc

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

Date

10/28/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager