

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L02000014294**

**1. Limited Liability Company's Name**

T.P.T. INTERNATIONAL, L.L.C.

**2. Principal Office Address**

2385 EXECUTIVE CTR DR

Suite, Apt. #, etc.

#100

City & State

BOCA RATON FL

Zip

33431

Country

U.S.A.

**3. Mailing Office Address**

4710 NW 2ND AVENUE

Suite, Apt. #, etc.

#101

City & State

BOCA RATON FL

Zip

33431

Country

U.S.A.

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

06/18/2002

**6. FEI Number**

76-0703492

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

BRUNTON REGISTERED AGENTS, INC.

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

4710 NW 2ND AVENUE, #101

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33431

**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

REGISTERED AGENT MUST SIGN

Date

3/9/04

**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
MGR	GONZALO ALVAREZ	C/O 4710 NW 2ND AVENUE, #101	BOCA RATON FL 33431

000030585180  
03/16/04--01104--006 \*\*200.00

**REINSTATEMENT**

2003-04

**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

Date

3/03/04

Daytime Phone #

305 8592656

Typed or printed name of signing Managing Member/Manager

GONZALO ALVAREZ

CR2E041 (10/02)