

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 27 PM 3:33

DOCUMENT # L02000023011

1. Limited Liability Company's Name

TINNA EXPRESS LLC

CR2E041 (8/05)

2. Principal Office Address
526 E. PARK AVENUE

Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL

Zip
32301

Country
US

3. Mailing Office Address
526 E. PARK AVENUE

Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL

Zip
32301

Country
US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

09/05/2002

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

A1A Registered Agent Inc.

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

92 Sadberry Road

Suite, Apt. #, Etc.

City

Quincy

State
FL

Zip Code
32351

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

Sebastian Paniza

REGISTERED AGENT MUST SIGN

Date

9/25/06

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	SEBASTIAN PANIZA	ELVIRA MENDEZ ST.	VALLARINO BLDG. 6TH FLOOR - PANAMA

600081523016
11/08/06--01023--009 **200.00

REINSTATEMENT 2003-06

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

Sebastian Paniza

Date

9/25/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **SEBASTIAN PANIZA, MANAGER**

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DATE: 8-29-2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS


FROM: TINNA EXPRESS LLC
SEBASTIAN PANIZA

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL
FOR 2003, 2004, 2005 AND 2006.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTU.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 507 264 0506.

THANKS,



TINNA EXPRESS LLC
SEBASTIAN PANIZA