


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Secretary of State</b> DIVISION OF CORPORATIONS

**FILED**

2004 JUN 15 P 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000027184

1. Limited Liability Company's Name

TJF CARROLLWOOD, LLC

2. Principal Office Address

ONE BARBADOS

Suite, Apt. #, etc.

APT. 1-C

City & State

TAMPA, FL

Zip

33606

Country

USA

3. Mailing Office Address

ONE BARBADOS

Suite, Apt. #, etc.

APT. 1-C

City & State

TAMPA, FL

Zip

33606

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

OCT. 15, 2002

6. FEI Number

76-0721298

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

THOMAS P. MCNAMARA

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

2909 BAY TO BAY BLVD.

Suite, Apt. #, Etc.

SUITE 309

City

TAMPA

State

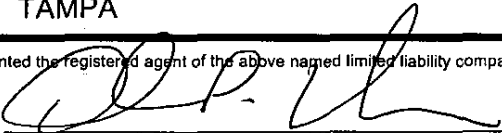
FL

Zip Code

33629

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

6-9-04

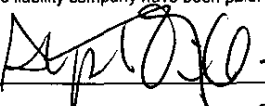
REGISTERED AGENT MUST SIGN

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
MGR.	STEVE FINELLI	ONE BARBADOS, APT. 1-C	TAMPA, FL 33606

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

6-9-04

Daytime Phone #

(727) 804-3860

Typed or printed name of signing Managing Member/Manager

STEVE FINELLI, MANAGER

CR2E041 (10/02)