

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
L02000028288  
FLORIDA DEPARTMENT OF STATE  
Glen  
Secretary of State

FILED

03 OCT 24 PM 1:27

1. DOCUMENT # L02000028288

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0004894 D1 AT 0.292 \*\*AUTO TO 0 0615 33027-541580



TLB TECHNICAL SOLUTIONS, LLC  
5260 SW 131 TERRACE  
MIRAMAR FL 33027-5415



2. New Mailing Address 14359 Miramar Pkwy #257 City, State, Zip Miramar Florida 33027		4. State/Country of Formation FL	
Principal Place of Business 5260 SW 131 TERRACE MIRAMAR FL 33027		5. Date Organized or Qualified To Do Business in Florida 10/24/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 830340534 Applied For Not Applicable	
8. Name and Address of Current Registered Agent TURNER, MARTIN 5260 SW 131 TERRACE MIRAMAR FL 33027		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 700024080977 10/24/03--01021--005 **155.00 City FL			
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 <u>Martin Turner</u> <b>SIGNATURE REQUIRED</b> Date <u>10/21/03</u> REGISTERED AGENT MUST SIGN			
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	TURNER, MARTIN	5260 SW 131 TERRACE	MIRAMAR FL 33027
MGRM	TURNER, MIA	5260 SW 131 TERRACE	MIRAMAR FL 33027

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 Martin Turner **SIGNATURE REQUIRED** Date 10/21/03 Daytime Phone # 954 336-5713

Typed or printed name of signing Managing Member/Manager MARTIN TURNER