

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
05 FEB 10 AM 9:59

DOCUMENT # L02000033190

1. Limited Liability Company's Name

Total Solutions Marketing, LLC

2. Principal Office Address

362 Burleigh Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32824

Country

USA

3. Mailing Office Address

362 Burleigh Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32824

Country

4. State/Country of Formation

Florida

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

12/11/2002

6. FEI Number

01-0756636

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

REINSTATEMENT 0305

8. Name and Address of Current Registered Agent

Name

Ayako Powell

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

362 Burleigh Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32824

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

Ayako Powell
REGISTERED AGENT MUST SIGN

Date 02/07/2005

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
CEO	Benny R. Powell - Owner	362 Burleigh Street	Orlando / FL / 32824
COO	Ayako Powell - Co-Owner	362 Burleigh Street	Orlando / FL / 32824

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

Benny R. Powell

Date 02/07/2005

Daytime Phone # (407) 484-0002

Typed or printed name of signing Managing Member/Manager

Benny R. Powell

CR2E041 (10/02)