

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 17 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300028848383
02/17/04--01006--015 **225.00

DOCUMENT # L02000033559

1. Limited Liability Company's Name

TAM TAM, LLC

2. Principal Office Address

601 MICHIGAN AVE
Suite, Apt. #, etc.
02

City & State

MIAMI BEACH, FL
Zip 33139 Country USA

3. Mailing Office Address

601 MICHIGAN AVE.
Suite, Apt. #, etc.
02

City & State

MIAMI BEACH, FL
Zip 33139 Country USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

12/13/2002

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

STUART REED, ESQ.

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

940 LINCOLN RD

Suite, Apt. #, Etc.

Suite 319

City

MIAMI BEACH

State
FL

Zip Code

33139

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

Stuart Reed

Date 12/4/03

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
MEM	Pietro Morelli	601 Michigan Ave, #02	MIAMI BEACH, FL 33139

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

Pietro Morelli

Date

12/4/03

Daytime Phone #

786-443-3204

Typed or printed name of signing Managing Member/Manager

Pietro Morelli