

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L02000034153

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000034153

1. Limited Liability Company's Name

TBG, P.L.

9/26/03

2. Principal Office Address

3937 West Broward Blvd.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, Florida

Zip

33317

Country

USA

Zip

Country

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

December 18, 2002

6. FEI Number

33-1038297

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation, Florida

State
FL

Zip Code
33324

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

Victor Alfano

Victor Alfano
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date

2/19/04

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
MGRM	Gregory Lerner	3937 West Broward Blvd.	Plantation/Florida/33317

REINSTATEMENT

2003-2004

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03/01/04--01035--003 **205.00

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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

Gregory Lerner

Date

2-12-04

Daytime Phone# (954) 584-8101

Typed or printed name of signing Managing Member/Manager **Gregory Lerner**

CR2ED41 (10/02)