

\$200.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 30 AM 10:08

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000000416

1. Limited Liability Company's Name

TANGOCOM, LLC

800061254238
02/01/06--01083--007 **100.00

CR2E041 (8/05)

2. Principal Office Address

2048 SE 17 Street

Suite, Apt. #, etc.

3. Mailing Office Address

2048 SE 17 street

Suite, Apt. #, etc.

City & State

Lauderdale-by the Sea, FL

City & State

Lauderdale-by the Sea, FL

Zip

33062

Country

USA

Zip

33062

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/6/03

6. FEI Number

83-0345503

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

Mariela Cid

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

2048 SE 17 Street

Suite, Apt. #, Etc.

City

Lauderdale by the Sea

State

FL

Zip Code

33062

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

Oct. 28, 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
M	Mariela Cid	2048 SE 17 Street	Lauderdale by the Sea 33062

REINSTATEMENT 04-05

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

[Signature]

Date

10/28/2005

Daytime Phone #

954 336 7628

Mariela Cid, Manager

Typed or printed name of signing Managing Member/Manager