

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 AUG 17 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400106731234
07/26/07--01009--004 **430.00

CR2E041 (1/07)

DOCUMENT # L03000007274

1. Limited Liability Company's Name

TZG LLC

2. Principal Office Address - No P.O. Box #

1500 N. Dixie Hwy.

Suite, Apt. #, etc.

Suite 103

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida, Palm Beach

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

02/27/03

6. FEI Number

14-1872930

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

Sheldon Regenbaum

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

1500 N. Dixie Hwy.

Suite, Apt. #, Etc.

Suite 103

City

West Palm Beach

State

FL

Zip Code

33401

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

8/9/07

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	Sheldon Regenbaum	1500 N. Dixie Hwy., Suite 103	West Palm Beach, FL 33401

REINSTATEMENT

04-07 LS

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

Date

7/16/07

Daytime Phone #

561-833-8893

Typed or printed name of signing Managing Member/Manager

Sheldon Regenbaum