

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

06 OCT 19 AM 10:08

DOCUMENT # L03000021482

1. Limited Liability Company's Name

T, LLC

200080308582
09/29/06--01054--025 **155.00

CR2E041 (8/05)

2. Principal Office Address

119 Madeira Ave
Suite, Apt. #, etc.

3. Mailing Office Address

119 Madeira Ave
Suite, Apt. #, etc.

4. State/Country of Formation

FLA / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

27-00602241

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

Kyra White

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

433 Borello Ave

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

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

Kyra White

REGISTERED AGENT MUST SIGN

Date

Sept 15, 2006

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
owner	Kyra White	119 Madeira Ave	Coral Gables, FL 33134

REINSTATEMENT 04-06

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

Kyra White

Date

Oct 16, 2006

Daytime Phone

305-774-0288

Typed or printed name of signing Managing Member/Manager

2 of 2

September 25, 2006

To Whom It May Concern:


I am applying for reinstatement of my limited liability company. I have not received any notices and I assume that they were sent to the wrong address.

The attorneys that filed for my incorporation automatically assigned themselves as my registered agents. I requested from the state a change of name and address of the registered agent and only the name change occurred. I assume all notifications have been sent to them.

I realize that I am responsible for maintaining all my personal records. Please accept my apologies for I am a new and small business owner and am still learning all the necessary procedures of a business. I am submitting this application with the appropriate fees.

Thank you and feel free to contact me should you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Kyra White". The signature is fluid and stylized, with the first name "Kyra" being more prominent than the last name "White".

Kyra White