FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

19 MAY 13 PM 4:25

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000028835

1. Limited Liability Company's Name
T.C.W. Investments ,LLC

400032956884
03/26/19--01003--019 **680.00

(REQUESTED ITEM)

2. Principal Office Address - P.O. Box #	3. Mailing Office Address
9293 Bay Pines Blvd.	9293 Bay Pines Blvd.
State, Apt. # etc.	State, Apt. # etc.
City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip: 33708 County: US	Zip: 33708 County: US

4. State/Country of Formation

5. Date Organized or Qualified (if applicable) 08/05/2003

6. FEI Number: 20-0161607 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Certified $8.75 Certified and Apostille

8. Name and Address of Current Registered Agent

Name
Todd Werner

Street Address (P.O. Box Number is Not Acceptable)
9293 Bay Pines Blvd.

Apt. # Etc.

City: St. Petersburg | State: FL | Zip Code: 33708

9. I hereby consent to the reinstatement of the above named limited liability company and familiarity with and acceptance of the obligations of Chapter 605, F.S.

Signature of Registered Agent: Todd Werner Date: 3-20-19

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City, State, Zip
MGR	Todd C. Werner	9293 Bay Pines Blvd.	St. Petersburg, FL 33762
MGR	Todd C. Werner Irrevocable Trust	9293 Bay Pines Blvd.	St. Petersburg, FL 33762

11. E-mail Address: jmb@jmbesquire.com
(To receive future correspondence electronically)

12. I certify that I am an authorized representative/manager of the above entity authorized to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the name of the above entity has been reinstated, that said limited liability company name satisfies the requirements of section 605.0112, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony, as provided for in s. 817.155, F.S.

Signature of Authorized Representative/Member: Todd Werner Date: 3-20-19 Daytime Phone #: 727-571-3330

Typed or printed name of signing authorized representative/member: Todd C. Werner

MAY 13 2019

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