

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000C3 8247

1. Limited Liability Company's Name

TD International, LLC

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

6421 SW 109 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33156

Country

US

3. Mailing Office Address

6421 SW 109 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33156

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 10/7/03

6. FEI Number

20-0309927

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

Jonathan C. Vair

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

150 W. Flagler Street

Suite, Apt. #, Etc.

2200 Museum Tower

City

Miami

State
FL

Zip Code
33130

☐ 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

5/19/09

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	Lisa A. Dorfman	6421 SW 109 Street	Miami, FL 33156

REINSTATEMENT 2007-2009

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

5/15/09

Daytime Phone #

305-215-0205

Typed or printed name of signing Managing Member/Manager Lisa A. Dorfman