


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 NOV -3 PM 5:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000039347		
1. Entity Name TGS ENTERPRISES, LLC		

Principal Place of Business 2777 OLDE CYPRESS DRIVE NAPLES, FL 34119	Mailing Address 2777 OLDE CYPRESS DRIVE NAPLES, FL 34119
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2. Principal Place of Business 3295 Pine Ridge Rd.	3. Mailing Address 3295 Pine Ridge Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples, FL	City & State Naples, FL
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Zip 34109	Country	Zip 34109	Country
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10252006 REIN-LLC CR2E101 (11/05)

4. FEI Number 20-1084777	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent QUADE, MARTIN 586 LAGUNA ROYALE BLVD., UNIT #804 NAPLES, FL 34119	
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7. Name and Address of New Registered Agent Name Quade, Martin Street Address (P.O. Box Number is Not Acceptable) 3295 Pine Ridge Rd. City Naples FL Zip Code 34109	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 10/31/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAEFCKE, THERESA 2777 OLDE CYPRESS DRIVE NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300081477433 11/03/06--01003--020 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM QUADE, GAIL 586 LAGUNA ROYALE BLVD UNIT #804 NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM QUADE, MARTIN 586 LAGUNA ROYALE BLVD UNIT #804 NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] DATE 10/31/06 DAYTIME PHONE # 239 592-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE