

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 JUN -2 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000032839

1. Limited Liability Company's Name

TRANS ATLANTIC HOLDINGS LLC

700181662597
06/03/10--01005--004 **\$55.00

CR2E041 (11/09)

| | | | |
|---|----------------|--|----------------|
| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
| Suite, Apt. #, etc. 219 NE 25TH AVE | | Suite, Apt. #, etc. 219 NE 25TH AVE | |
| City & State POMPANO BEACH | | City & State POMPANO BEACH | |
| Zip 33062 | Country USA | Zip 33062 | Country USA |

| | |
|--|-------------------------------|
| 4. State/Country of Formation FLORIDA USA | |
| 5. Date Organized or Qualified To Do Business in Florida 12/15/2003 | |
| 6. FEI Number 958 77 6056 | Applied For Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

| | | | |
|--|-------------|-------------------|--|
| 8. Name and Address of Current Registered Agent | | | |
| Name ZOE RACHEL TYLER | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | |
| Suite, Apt. #, Etc. 221 NE 25TH AVE | | | |
| City POMPANO BEACH | State FL | Zip Code 33062 | |

☐ 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

Date 24.02.2010

REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|---------------------|
| MEM | PAUL CRIMP | 221 NE 25TH AVENUE | POMPANO BEACH 33062 |
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REINSTATEMENT 07-10 HL

11. E-mail Address: PAUL CRIMP @ HOTMAIL.COM

(To be used for future annual report notifications)

12. 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 24.02.2010

Daytime Phone # 954 478 2353

Typed or printed name of signing Managing Member/Manager CRIMP ANTHONY P