

200.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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CR2E041 (8/05)

DOCUMENT # L03000054764

1. Limited Liability Company's Name

Tom Alten LLC

2. Principal Office Address

134 NW Curry St.  
Suite, Apt. #, etc.

3. Mailing Office Address

134 NW Curry St  
Suite, Apt. #, etc.

City & State

Port Saint Lucie FL

Zip

34983

Country

St Lucie

City & State

Port Saint Lucie FL

Zip

34983

Country

St Lucie

4. State/Country of Formation

FL, U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

1-04

6. FEI Number

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

Tom Alten

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

134 NW Curry St  
Suite, Apt. #, Etc.

City

Port Saint Lucie

State

FL

Zip Code

34983

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

Thomas Alten

REGISTERED AGENT MUST SIGN

Date

11-17-05

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	Tom Alten	134 N.W. Curry ST	Port Saint Lucie FL 34983

REINSTATEMENT

2004-2005

Oct 12/05

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

Thomas Alten

Date

11-17-05

Daytime Phone

(772) 446-2211

Typed or printed name of signing Managing Member/Manager