

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -8 AM 9:45

DOCUMENT #

LD3000057557

1. Limited Liability Company's Name

TNA LLC.

800076252988
06/16/06--01016--010 **250.00

CR2E041 (8/05)

2. Principal Office Address

511 NOAH LANE 2430 HWY 34

Suite, Apt. #, etc.

3. Mailing Office Address

511 NOAH LANE 2430 HWY 34

Suite, Apt. #, etc.

City & State

KEY WEST FL

City & State

MANASQUAN NJ

Zip

33040

Country

USA

Zip

08736

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/31/03

6. FEI Number

30 0244574

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

GEORGE P. IRISH

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

511 NOAH LANE

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/30/06

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
MGR	GEORGE P. IRISH	2 SHORE LINE DRIVE	LAKEVILLE PA 18438
MGR	DANIEL J. DUFFY	134 LINCOLN AVE	AVON NJ 07717
MGR	JOSEPH CARNOVA	116 SHENANDOAH BLVD	TOMS RIVER NJ 08783
MGR	RONALD COSTELLO	2421 ATLANTIC AVE SUITE 101	MANASQUAN NJ 08736

REINSTATEMENT 04-06

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

[Signature]

Date

5/30/06

Daytime Phone #

732 528 7110

Typed or printed name of signing Managing Member/Manager

GEORGE P. IRISH