PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS 06 JUN -8 AM 9: 45 DOCUMENT# 1. Limited Liability Company's Name TNA LLC. Suite. Apl. 8; etc. 1. Discontine Address CR2E041 (8705) 4. State/Country Clemenation CR2E041 (8705) CR2E041 (8705) CR2E041 (8705) CR2E041 (8705)
DOCUMENT # 1. Limited Liability Company's Name TNA LLC. District Company's Name CR2ED41 (8/05) CR2ED41 (8/05) CR2ED41 (8/05) CR2ED41 (8/05) Amaiing Office Address CR2ED41 (8/05) 4. State/Country of Engration Suite, Apt. #, etc. City & State City & State City & State City & State Country To Certificate of Status Street Address (P.O. Box Number is Not Acceptable) And Address of Current Registered Agent Suite, Apt. #, Etc. City VEY Street Address of Ench Registered Agent FREGISTERED AGENT MUST SIGN 10. Names and Stroet Addresses of Managing Members/Managers Tirdes Managing Members/Managers Managing Members/Managers Managing Members/Managers Managing Members/Managers Managing Members/Managers Managing Members/Managers Tirdes Managing Members/Managers Managing Members/Manager
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City & State City & State City & State City & State MANASQUAN G. EEI Number 3000 0244574 Applied For Certificate of STATUS DESIRED Ston Address of Current Registered Agent Name GEORGE P. TRISH Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Members/Managers Name of Managing Members/
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8. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Att LANE Suite, Apt. #, Etc. City State Titles State State Titles Name of Managing Members/Managers Managing Members/Managers Street Address of Each Managing Members/Managers Attention
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City VEY WEST State FL 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 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Street Address of Each Managing Members/Managers City / State / Zip WEM GEOCGE P. DELSH 2 SHURE LINE DRIVE MEEVILLE PA (848)
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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 filling 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 his if made under oath.
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Signature of Managing Member/Manager Date 1306 Daytime Phone # 732 528 7110