

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 APR 16 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000005563**

1. Limited Liability Company's Name

Total Tech Investment,

2. Principal Office Address - No P.O. Box #

275 S. U.S. Hwy 1792 E. side

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

same

City & State

Longwood

City & State

same

Zip

FL

Country

USA

Zip

32750

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

2004

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

Bart Rab

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

722 S Rensler Blvd

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32792

☒ 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

Bart Rab

Date

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
President	Bart Rab	722 S. Rensler Blvd	Winter Park, FL 32792
Secretary	Cathy Green	5612 Baybrook Avenue	Orlando, FL 32819

000121793130

04/01/08--01021--015 **550.00

REINSTATEMENT 05-08

000121793130

04/23/08--01016--002 **5.00

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

Bart Rab

Date

3/25/08

Daytime Phone #

4076441333

Typed or printed name of signing Managing Member/Manager