

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000033989

1. Limited Liability Company's Name

TAMS LLC

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

410 Harwood Ave

Suite, Apt. #, etc.

3. Mailing Office Address

410 Harwood Ave

Suite, Apt. #, etc.

City & State

Satellite Beach, FL

Zip

32937

Country

US

City & State

Satellite Beach, FL

Zip

32937

Country

US

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

5/4/2004

6. FEI Number

20-1078374

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

Alexander R Hare

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

410 Harwood Ave

Suite, Apt. #, Etc.

City

Satellite Beach

State

FL

Zip Code

32937

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9-25-2007

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 |
|-------------------------------|--------------------------------------|---|---------------------|
| MGRM | Carol Brancato | 410 Harwood Ave | Satellite Beach, FL |
| MGRM | Alexander R Hare | 410 Harwood Ave | Satellite Beach, FL |
| MGRM | Rick Hau | 410 Harwood Ave | Satellite Beach, FL |
| REINSTATEMENT | | | |
| 05, 07 | | | |
| 800109958298 | | | |
| 09/26/07--01033--008 **250.00 | | | |

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

Carol Brancato

Date 9-25-2007

Daytime Phone # 321 403 3423

Typed or printed name of signing Managing Member/Manager