

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

PO Box 428

Suite, Apt. #, etc.

City & State

Satellite Beach, FL

Zip

32937

Country

US

City & State

Brightwaters, NY

Zip

11718

Country

US

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

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

Alex Hare (Signature)

REGISTERED AGENT MUST SIGN

Date 2/2/2010

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	Alexander R. Hare	410 Harwood Ave.	Satellite Beach FL
MGRM	Rick Hare	410 Harwood Ave.	Satellite Beach FL
MGRM	Angeline B. Yutzler	2 Grace Ct.	Bay Shore, NY 11706

REINSTATEMENT NT08-10

11. E-mail Address: angie@digitalviewtube.com

(To be used for future annual report notifications)

12. 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 608.408, 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

Angeline B. Yutzler (Signature)

Date 2/2/2010

Daytime Phone # 631-431-3146

Typed or printed name of signing Managing Member/Manager

FILED

10 FEB -9 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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