

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 24 AM 11:50

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L040000510031

1. Limited Liability Company's Name

TEG FLORIDA INVESTMENTS

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 2407 PERIWINKLE		3. Mailing Office Address 824 Packard St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SANIBLE, FL		City & State Ann Arbor, MI	
Zip 33957	Country USA	Zip 48104	Country USA

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
7/8/04

6. FEI Number
385469047

Applied For	Not Applicable
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7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
THOMAS GARTHWAITE

Street Address (P.O. Box Number is Not Acceptable)
2407 PERIWINKLE

Suite, Apt. #, Etc.

City
SANIBLE, FL

State FL	Zip Code 33957
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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 Thomas Garthwaite Date 9-22-08
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
MEM	Tom Garthwaite	Same as above	
			900136304639 09/24/08-01027-000 **277.50

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 Thomas Garthwaite Date 9-22-08 Daytime Phone # 734 330-7036

Typed or printed name of signing Managing Member/Manager _____