

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 27 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L04000071370

1. Limited Liability Company's Name

TCP 78 HOLDINGS LLC

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

10800 NW 21ST ST.

3. Mailing Office Address

10800 NW 21ST ST.

Suite, Apt. #, etc.

#180

Suite, Apt. #, etc.

#180

City & State

MIAMI

City & State

MIAMI

Zip

FL

Country

USA

Zip

FL

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

4/26/05

6. FEI Number

20-1886105

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
ANTHONY PEREZ

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

10800 NW 21ST ST.

Suite, Apt. #, Etc.

#180

City

MIAMI

State

FL

Zip Code

33172

☐ 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

REGISTERED AGENT MUST SIGN

Date **11/20/07**

10. Names and Street Addresses of Managing Members/Managers

MAN	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MAN	RAMON PEREZ	PO BOX 558	ALPINE, NJ 07620
MAN	CARMEN PEREZ	PO BOX 558	ALPINE, NJ 07620
MAN	ANTHONY PEREZ	10800 NW 21ST ST. # 180	MIAMI, FL 33172

REINSTATEMENT

2005-2007

500112717515
11/30/07--01017--012 **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

MGRM

Date **11/20/07**

Daytime Phone # **305-577-9090**

Typed or printed name of signing Managing Member/Manager

ANTHONY PEREZ