PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIAB COMPAN REINSTATEN	Y	Secretar	TMENT OF STATE by of State corporations	}	CORETARY OF STATE SION OF CORPORATIONS OCC9 PM 3: 48
DOCUMENT # 1.04000080070 1. Limited Liability Company's Name					DEC 2 (11 0- 30
Teran, LLC				200160933512 09/22/0901031010 **698.75	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address				i	CR2E041 (10/08)
5920 5th Street, S.W.		5920 5th Street, S.W.		4. State/Country of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Florida 5. Date Organized or Qualified	
City & State		City & State		To Do Business in Florida 11/04/2004	
Vero Beach, Florida		Vero Beach, Florida		6. FEI Number Applied For 27-0618741 Not Applicable	
Zip 32968	USA	^{Zip} 32968	Country USA	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Eric C. Barkett, Esq.					reinstatement fee is imposed, except
Street Address (P.O. Box Number is Not Acceptable) 2165 15th Avenue				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	
Suite, Apt. #, Etc.					
city Vero Beach			State Zip Code FL 32960		ement 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 Date 9-17-09 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles Name of Managing Members/ Managers		ers	Street Address of Each Managing Member/Manager		City / State / Zip
MGRM Terry C. Cobb		5920 5	5920 5th Street, S.W.		Vero Beach, Florida 32968
			· — —		
				20 12/11	00160933512 /0901001010 **95.00
REINSTATEMENT 2005-2009					
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 filling 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 Date 2/14/29 Daytime Phone # (772) 216-9978					
Typed or printed name of signing Manager Member/Manager Terry C. Cobb					



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 DEC -9 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 27, 2009

TERRY C COBB 5920 5TH ST SW VERO BEACH, FL 32968

SUBJECT: TERAN, L.L.C. Ref. Number: L04000080070

We have received your document for TERAN, L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2005 annual report. The entity must be reinstated before this document can be filed.

The total amount due to reinstate is \$793.75.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 709A00034107



September 23, 2009

TERAN, LLC 5920 5TH STREET, SW VERO BEACH, FL 32968

SUBJECT: TERAN, L.L.C. Ref. Number: L04000080070

We have received your document for TERAN, L.L.C. and your check(s) totaling \$698.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 509A00031196

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Division of Cornerations DO DOV 6297 Tallahassas Florida 20214