

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAY 13 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400153878284
04/30/09--01002--025 **416.25

CR2E041 (10/08)

DOCUMENT # **L05000049436**

1. Limited Liability Company's Name

TBF First, LLC

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

237 ALCAZAR AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

237 ALCAZAR AVE.

Suite, Apt. #, etc.

City & State

CORAL GABLES,

City & State

**CORAL GABLES,
FLORIDA**

Zip

33134

Country

USA

Zip

33134

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

MAY 18, 2005

6. FEI Number

75-3191664

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

JOSE LUIS BUENO

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

237 ALCAZAR AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

☒ 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 **4/24/2009**

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
MGR	JOSE LUIS BUENO	237 ALCAZAR AVE.	CORAL GABLES, FL. 33134

REINSTATEMENT 07-09

AL

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

Date

4/24/2009

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

JOSE LUIS BUENO