

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000096812

1. Limited Liability Company's Name

**TPMC LLC**

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

**3177 WALTER TRAVIS DRIVE**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA**

City & State

Zip

**34240**

Country

**USA**

Zip

Country

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**09/30/05**

6. FEI Number

**20-3643694**

☐ 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 **CARLETON TODD MAHONY**

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

**3177 WALTER TRAVIS DRIVE**

Suite, Apt. #, Etc.

City

**SARASOTA**

State

**FL**

Zip Code

**34240**

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

*Carleton T Mahony*

Date

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	Carleton T Mahony	3177 Walter Travis Dr	Sarasota FL 34240
MGR	Patricia Mahony	3177 Walter Travis Dr	Sarasota FL 34240
MGR	Christopher Mahony	3177 Walter Travis Dr	Sarasota FL 34240
MGR	Matthew Sean Mahony	3177 Walter Travis Dr	Sarasota FL 34240
		<b>REINSTATEMENT</b>	<b>08-10</b>
			<i>Carleton T Mahony</i>

11. E-mail Address:

(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 608.406, 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

*Carleton T Mahony*

Date **7/16/10**

Daytime Phone # **973 4762805**

Typed or printed name of signing Managing Member/Manager