

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000101537

1. Limited Liability Company's Name

T D EYE LLC

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

124 LAKEVIEW DRIVE

Suite, Apt. #, etc.

City & State

AUBURNDALE, FL

Zip

33823

Country

USA

3. Mailing Office Address

124 LAKEVIEW DRIVE

Suite, Apt. #, etc.

City & State

AUBURNDALE, FL

Zip

33823

Country

USA

4. State/Country of Formation

USA

**5. Date Organized or Qualified
To Do Business in Florida**

10/14/2005

6. FEI Number

☐ 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

TIMOTHY DEEDS

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

124 LAKEVIEW DRIVE

Suite, Apt. #, Etc.

City

AUBURNDALE

State

FL

Zip Code

33823

☐ 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

Tim Deeds

REGISTERED AGENT MUST SIGN

Date **FEBRUARY 6, 2008**

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
MGRM	TIMOTHY C. DEEDS	124 LAKEVIEW DRIVE	AUBURNDALE, FL 33823

REINSTATEMENT 06-08

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

Tim Deeds

Date **02/06/2008**

Daytime Phone # **863-967-3557**

Typed or printed name of signing Managing Member/Manager **TIMOTHY C. DEEDS**