FILED
07 NOV 27 PM 12:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05-110334

1. Limited Liability Company's Name

TGSV Group-2, L.L.C.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1301 West 68th Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, Florida	City & State
Zip: 33104 Country	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/14/2005

6. FEI Number: none ☐ 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: Phillip B. Rarick

Street Address (P.O. Box Number is Not Acceptable): 6500 Cowpen Road

Suite, Apt. #, Etc.: Suite 204

City: Miami Lakes State: FL Zip Code: 33014

☑ 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 _____ Date 11-19-07
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Roy Rodriguez	1301 West 68th Street	Hialeah, Florida 33104
	REINSTATEMENT		06,07

FLORIDA DEPARTMENT OF STATE
11/27/07--01018--006 **100.00

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 X _____ Date 11/20/2007 Daytime Phone # (305) 823-4889

Typed or printed name of signing Managing Member/Manager _____