

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000011702 1. Entity Name T&C ENTERPRISES OF BREVARD, LLC					
Principal Place of Business 4319 DAVIDA DRIVE MELBOURNE, FL 32934			Mailing Address 4319 DAVIDA DRIVE MELBOURNE, FL 32934		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 07032008 REIN-LLC CR2E101 (1/07) <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BAGGETTE, CYNTHIA M 4319 DAVIDA DRIVE MELBOURNE, FL 32934	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9-15-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
FILE NOW!!! FEE IS \$377.50		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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REINSTATEMENT 2007, 2008			300135130793 08/29/08--01028--002 **377.50		
SECRETARY OF STATE TALLAHASSEE, FLORIDA			2008 OCT 28 A 10:22 FILED		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			8-26-08 321-288-0734 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small>		