PLEASE READ	ALL INST	RUCTIONS B	EFORE C	OMPLET	ING THIS FORM	И. С.	
LIMITED LIABILITY				FILED			
REINSTATEMENT			10 MAR 23 AM 8: 37				
DOCUMENT # LO600023422 1. Limited Liability Company's Name				SECAETARY OF STATE			
TQ & Associates 11C				90 03/05	00171378 /1001043010		
2. Principal Office Address - No P.O. Box #	fice Address			CR2E041 (11)			
Suite, Apt. #, etc.	<u>4486 Laub L.A.</u> Suite, Apt. #, etc.			4. State/Country of Formation			
					5. Date Organized or Qualified To Do Business in Florida 3/3/0/0		
West Palm Beach FL	est Palm Beach, FL West Palm Beach, FL			6. FEI Number 20 · 4420131 Applied For Not Applicable			
Zip Country 33415 USA	3341	5 Country	۲	7. CERTIFICATE OF STATUS DESIRED			
8. Name and Address of	Current Regis			· · · · · ·		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Name Ramon White				A \$100 reinstatement fee is imposed, except in circumstances which the entity did not			
Street Address (P.O. Box Number is Not Acceptable)				receive the prior notices. By checking this			
Suite, Apt. #, Etc.				box, you are certifying the prior notices were not received and requesting the \$100			
City State Zip Code				reinstatement be waived.			
Lauderhill FL 33313							
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and an Signature of Registered Agent					accept the obligations of Chapter 608, F.S.		
10. Names and Street Addresses of Managing Mem					······.	· · · · ·	
Titles Name of Managing Members/ Managers		Street Address of Each Managing Member/Manager			City / S	State / Zip	
Ates. Ramon V. White		4500 NW 16th Street		Lauderhill	FL33313		
			· .	• • •		ⁱ 2 ₁₀	
				9 03/2	0017137 4/10010040	8799 24 ***121.25	
REINSTA		MENTO	1-10	72			
			- iv E	Ð			
					640.00)	
11. E-mail Address: Manon eyeowi	U.Con	1					
(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.							
Managing Member/Manager	LL V	lamon V: W	Date	100/10 D	aytime Phone #	460-4443	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 10, 2010

TQ & ASSOCIATES LLC 4986 LAUB LN WEST PALM BEACH, FL 33415 US

SUBJECT: TQ & ASSOCIATES LLC Ref. Number: L06000023422

We have received your document for TQ & ASSOCIATES LLC and your check(s) totaling \$538.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2007 through 2010;and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$660.00.

There is a balance due of \$121.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter_Number: 110A00005952

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