PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF S Secretary of State Division of corporations	STATE	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 12 JUN - 1 AM IO: OF
DOCUMENT # 1. Limited Liability Company's Name TSTAL GROUP	CONSULTANT	- <i>Uc</i> ,	000235800040 06/01/1201028006 **300.00
2. Principal Office Address - No P.O. Box # A 1200 NE 111 Street Suite, Apt. #, etc.	3. Mailing Office Address Po D BOX 8481. Suite, Apt. #, etc.	32 4. st	CR2E041 (1/11) ate/Country of Formation FIOCide the Organized or Qualified Do Business in Florida
City & State Mcami Florida Zip 33161 USA	Zip Country 33084 USA	<i>PL</i> 7.	El Number Applied For Not Applicable RTIFICATE OF STATUS DESIRED S5.00 Additional Fee required tor a Certificate of Status
8. Name and Address of Current Registered Agent Name <u>MARIE - Alix LimonTAS</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 NE 111 Street</u> Suite, Apt. #, Etc.			E-mail Address: 000235800040 06/01/1201028007 **216.25
City Miami	State Zip C FL 33/	Code	(To be used for future annual report notices)
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			
10. Names and Street Addresses of Managing Mem			
Titles Name of Managing Members/ Manage	rs Street Addre Managing Merr		City / State / Zip
myrm MARIE-Alix Lin	TONTAS 1200 NE -	111 St	eet Miami, FC 33161
REINSTATEMENT	00-2012		JUN - 6 2012 T. HAMPTON
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 608,408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Managing Member/Manager Date D4-10-2000 aytime Phone #			