

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 OCT 16 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000063612

1. Limited Liability Company's Name

TG+G #2, LLC

CR2E041 (1/11)

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

7020 NW 50th St.

Suite, Apt. #, etc.

4-1

City & State

Miami FL

Zip

33146

Country

US

3. Mailing Office Address

7020 NW 50th St.

Suite, Apt. #, etc.

4-1

City & State

Miami, FL

Zip

33146

Country

US

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

06/22/2006

6. FEI Number

20-5087152

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

Judy Doyle

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

7020 NW 50th St.

Suite, Apt. #, Etc.

4-1

City

Miami

State

FL

Zip Code

33146

E-mail Address:

900241098539

10/23/12--01020--012 **957.50

doyletrans@aol.com
(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

Judy Doyle

Date 10/12/12

REGISTERED AGENT MUST SIGN

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
MGR	Judy Doyle	7050 NW 50 th St.	Miami, FL 33146

REINSTATEMENT

2007-2012

up 10/17/12

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. 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

Judy Doyle

Date

10/12/12

Daytime Phone #

305-715-0101

Typed or printed name of signing Managing Member/Manager