PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State 08 OCT -3 PM 1: 04 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # L06000118833 1. Limited Liability Company's Name TMCentral, LLC CR2E041 (12/07) 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # 2370 S.E. Laurel Run Drive 2370 S.E. Laurel Run Drive 4. State/Country of Formation Suite, Apt. #, etc. Suite, Apt. #, etc. Date Organized or Qualified To Do Business in Florida 12/2006 City & State City & State 6. FEI Number Applied For Ocala, FL Ocala, FL 20-8823233 Not Applicable Zip Country Zip Country CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required U.S. 34471 34471 U.S. for a Certificate of Statu 8. Name and Address of Current Registered Agent Name A \$100 reinstatement fee is imposed, except David Moring in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 2370 S.E. Laurel Run Drive box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 reinstatement be waived. Zip Code City State 34471 Ocala 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 REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers City / State / Zip MGRM **David Moring** 2370 S.E. Laurel Run Drive Ocala, FL 34471 800136439628 09/2\$/08--01066--008 **377.50 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 reinstalement 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. 9/24/2008 Daytime Phone# 352-433-0053 Signature of Managing Member/Manager

David Moring

Typed or printed name of signing Managing Member/Manager