PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 AUG -4 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (05/10)

DOCUMENT # L07000021125

1. Limited Liability Company's Name

TampaTeks, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15100 Hutchison Rd	15100 Hutchison Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
117	117
City & State	City & State
Tampa	Tampa
Zip / Country	Zip / Country
33625 / Hillsborough	33625 / Hillsborough

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 02/26/2007

6. FEI Number: 830476403 ☐ 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: Cesar A. Ponce

Street Address (P.O. Box Number is Not Acceptable): 15100 Hutchison Rd

Suite, Apt. # Etc: 117

City: Tampa | State: FL | Zip Code: 33625

100188763591
07/29/10--01001--003 **238.75

100188763591
08/05/10--01004--007 **277.50

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: Cesar Ponce Date: 07/22/2010

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	Cesar A. Ponce	15100 Hutchison Rd. Ste 117	Tampa, FL 33625

REINSTATEMENT -08-10

11. E-mail Address: cesar@tampateks.com
(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.

Signature of Managing Member/Manager: Cesar Ponce Date: 07/22/2010 Daytime Phone #: 813-417-5349

Typed or printed name of signing Managing Member/Manager: Cesar A. Ponce