

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000032384

1. Limited Liability Company's Name

TP5, LLC

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

525 S. Flagler Drive

Suite, Apt. #, etc.

Ste. 500

City & State

West Palm Beach, FL

Zip

33401

Country

Palm Beach

3. Mailing Office Address

525 S. Flagler Drive

Suite, Apt. #, etc.

Ste. 500

City & State

West Palm Beach, FL

Zip

33401

Country

Palm Beach

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

March 27, 2007

6. FEI Number

☐ 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

Jeffrey M. Siskind

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

525 S. Flagler Drive

Suite, Apt. #, Etc.

Ste. 500

City

West Palm Beach

State

FL

Zip Code

33401

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

Date 6/23/2010

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
PVD	Jeffrey M. Siskind	525 S. Flagler Drive #500	West Palm Beach, FL 33401

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06/28/10--01063--005 **516.25

REINSTATEMENT

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11. E-mail Address: effsiskind@msn.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

Date 6-23-2010

Daytime Phone # 561-832-7720

Typed or printed name of signing Managing Member/Manager Jeffrey M. Siskind