

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000046655

1. Limited Liability Company's Name

TGM Enterprises & Company LLC

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

35246 US Hwy 19N 254

Suite, Apt. #, etc.

3. Mailing Office Address

35246 US Hwy 19N 254

Suite, Apt. #, etc.

City & State

Palm Harbor, Florida

City & State

Palm Harbor, Florida

Zip

34684

Country

USA

Zip

34684

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida **5/2/2007**

6. FEI Number

208957507

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 **Tyler Mulvihill**

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

35246 US Hwy 19N 254

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34684

E-mail Address:

tgm_enterprises@yahoo.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

Tyler Mulvihill

REGISTERED AGENT MUST SIGN

Date **6/17/2011**

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
MMbr	Tyler Mulvihill	35246 US Hwy 19N 254	Palm Harbor, FL 34684
Mbr	Greg Mulvihill	35246 US Hwy 19N 254	Palm Harbor, FL 34684

REINSTATEMENT

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

Tyler Mulvihill

Date **6/17/2011**

Daytime Phone # **386-623-6717**

Typed or printed name of signing Managing Member/Manager **Tyler Mulvihill**