

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -5 AM '08

DOCUMENT # Lo7000094305

1. Limited Liability Company's Name

Terra Firma Solutions, LLC

700172878907
03/23/10--0101--017 **277.50
CR2E041 (11/09)

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

3547 53rd Avenue W. 280

Suite, Apt. #, etc.

3. Mailing Office Address

3547 53rd Avenue W. 280

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34210

Country

U.S.A.

Zip

34210

Country

U.S.A.

4. State/Country of Formation

Florida / U.S.A.

5. Date Organized or Qualified

To Do Business in Florida 9/07

6. FEI Number

26-0904365

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

Lisa Khon

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

3547 53rd Avenue W. 280

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34210

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/19/10

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
<u>MSGR</u>	<u>Lisa Khon</u>	<u>3547 53rd Avenue W 280</u>	<u>Bradenton, FL 34210</u>

REINSTATEMENT 2008-2010

700172878907
05/06/10--01006--001 **138.75

11. E-mail Address: myterrafirmac@gmail.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

[Signature]

Date

3/19/10

Daytime Phone #

877-880-1544

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 MAY -5 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 24, 2010

TERRA FIRMA SOLUTIONS, LLC
3547 53RD AVE W 208
BRADENTON, FL 34210

SUBJECT: TERRA FIRMA SOLUTIONS, LLC
Ref. Number: L07000094305

We have received your document for TERRA FIRMA SOLUTIONS, LLC and check(s) totaling \$277.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 310A00007245