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LIMITED LIABILITY REINSTATEMENT
TUTU LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT # L09000067530

1. Limited Liability Company's Name

TUTU LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
102 HEMLOCK WAY	102 HEMLOCK WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ELLWOOD CITY , PA	City & State: ELLWOOD CITY , PA
Zip: 16117 Country: USA	Zip: 16117 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 07/14/2009

6. FEI Number: [ ] Applied For [✓] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [✓]

8. Name and Address of Current Registered Agent

UNITED STATES CORPORATION AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable)
13302 WINDING OAKS BLVD.

Suite, Apt. #, Etc.
A-100

City: TAMPA State: FL Zip Code: 33612

[✓] 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 606, F.S.

Signature of Registered Agent: Jacob Varghese Date: 2/27/12

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
MGRM	MARLENE IRWIN	102 HEMLOCK WAY	ELLWOOD CITY ,PA 16117

REINSTATEMENT -2010-2012

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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: Marlene Irwin Date: 2-21-2012 Daytime Phone #: 724-758-6423

Typed or printed name of signing Managing Member/Manager: MARLENE IRWIN

C.S.