PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 APR -6 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300225856133
03/22/12--01020--011 **238.75

CR2E041 (1/11)

DOCUMENT #

1. Limited Liability Company's Name

L10000116027
TSN MARKETING LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3278 SANDY RIDGE DR	3278 SANDY RIDGE DR
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: CLEARWATER, FL	City & State: CLEARWATER, FL
Zip: 33761 Country: US	Zip: 33761 Country: US

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 11/08/2010

6. FEI Number: 27-4456016 ☐ 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: JAMES S. NELSON

Street Address (P.O. Box Number is Not Acceptable): 3278 SANDY RIDGE DR.

Suite, Apt. #, Etc:

City: CLEARWATER State: FL Zip Code: 33761

E-mail Address:
300225856133
04/06/12--01003--003 **138.75
SNELSON1972@VERIZON.NET
(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 James S. Nelson Date 3/20/2012
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
PRES	JAMES S. NELSON	3278 SANDY RIDGE DR.	CLEARWATER, FL 33761
	REINSTATEMENT 11, 12		

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 James S. Nelson Date 3/20/2012 Daytime Phone # 727-366-9319

Typed or printed name of signing Managing Member/Manager

N. Culligan APR - 6 2012