

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET

15 MAR 17 AM 9:45

RECEIVED: 1975
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1. Limited Liability Company's Name
T&W Ventures LLC
L12000109956

1045 Meridian Ave

#6

Miami Beach, Florida

33139

Country
USA

1045 Meridian Ave

#6

Miami Beach, Florida

33139

Country
JSA

Florida/USA

6. FEI Number
46-0867392

Not Applicable

**\$5.00 Additional Fee required
for a Certificate of Status**

Name

Christopher Todd Barrett

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

1045 Meridian Ave

Suite, Apt. #, Etc.

#6

City

Miami Beach

State

FL

Zip Code

33139

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

**Signature of
Registered Agent**

Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Christopher Todd Barrett	1045 Meridian Ave #6	Miami Beach, FL, 33139
AR	Velocity Inc	Po Box 53441	Atlanta, GA 30355

11. E-mail Address: info@toddbarrettswimwear.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of _____

Authorized Representative/Manager

Date _____

Daytime Phone #

305-343-1868

Typed or printed name of signing Authorized Representative/Manager

CHRISTOPHER TODD BARETT