PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 OCT 30 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

DOCUMENT # L13000016158

1. Limited Liability Company's Name:
TEV ENTERPRISES, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1821 Nursery Rd.	1821 Nursery Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater,FL	City & State: Clearwater,FL
Zip: 33764 Country: United States	Zip: 33764 Country: United States

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/31/2013

6. FEI Number: 46-1981084 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc:

City: Tallahassee State: FL Zip Code: 32301

100266010791

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: [signature] Courtney Williams Asst. Vice President Date: 10.30.14

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
AMBR	Thomas Vieira	1821 Nursery Rd.	Clearwater, FL 33764

REINSTATEMENT 2014

11. Email Address:
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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: [signature] Date: 10/28/14 Daytime Phone #: 727-531-9496

Typed or printed name of signing Authorized Representative/Manager: Thomas Vieira, Member

OCT 30 2014
M. WILLIAMS

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 345581 7921094

AUTHORIZATION

COST LIMIT : $238.75

ORDER DATE : October 21, 2014

ORDER TIME : 9:52 AM

ORDER NO. : 345581-010

CUSTOMER NO: 7921094

DOMESTIC FILINGS

NAME: TEV ENTERPRISES, LLC

RECEIVED
2014 OCT 30 AM 9:51
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED
SECRETARY OF STATE

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____