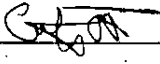
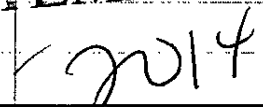


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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, FL 32301									
DOCUMENT # L13000016158 1. Limited Liability Company's Name: TEV ENTERPRISES, LLC													
2. Principal Office Address - No P.O. Box #: 1821 Nursery Rd. Suite, Apt. #, etc.:		3. Mailing Office Address: 1821 Nursery Rd. Suite, Apt. #, etc.:		4. State/Country of Formation: Florida									
City & State: Clearwater, FL		City & State: Clearwater, FL		5. Date Organized or Qualified To Do Business in Florida: 01/31/2013									
Zip: 33764	Country: United States	Zip: 33764	Country: United States	6. FID Number: 46-1981084 ☐ Applied Fee ☐ 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 State, Apt. #, Etc.: City: Tallahassee													
				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:  Courtney Williams Date: 10.30.14 REGISTERED AGENT MUST SIGN: Asst. Vice President													
10. Names and Street Addresses of Authorized Representatives/Managers: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Title</th> <th>Name of Authorized Representative/Manager</th> <th>Street Address of Each Authorized Representative/Manager</th> <th>City/State/Zip</th> </tr> </thead> <tbody> <tr> <td>AMBR</td> <td>Thomas Vieira</td> <td>1821 Nursery Rd.</td> <td>Clearwater, FL 33764</td> </tr> </tbody> </table>						Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City/State/Zip	AMBR	Thomas Vieira	1821 Nursery Rd.	Clearwater, FL 33764
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City/State/Zip										
AMBR	Thomas Vieira	1821 Nursery Rd.	Clearwater, FL 33764										
REINSTATEMENT 													
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 provided to the Department of State constitutes a third degree felony as provided in s. 817.156, F.S. Signature of Authorized Representative/Manager:  Thomas Vieira, Member Date: 10/28/14 Daytime Phone #: 727-531-9496													

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

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 _____

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
2014 OCT 30 AM 10:51
SPECIFICITY OF FILING