PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

P.M. 5:30
14 OCT -2 PM 12:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

100264969181

CR2E041 (1/14)

DOCUMENT # L13000110068

1. Limited Liability Company's Name
TIBA, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1036 Softshoe Place	PSC 80 BOX 22392
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL	City & State: APO, Japan
Zip: 32506 Country: USA	Zip: 96367 Country: JAPAN

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 08/05/2013

6. FEI Number: 46-3555732 ☐ 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

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 Asst. Vice President Date: 10.02.2014

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	Kevin Bonner	1036 Softshoe Place	Pensacola, FL 32506
AMBR	Takako Bonner	1036 Softshoe Place	Pensacola, FL 32506
	REINSTATEMENT OCT 02 2014		
		R. HUNT	

11. E-mail Address: _____
(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: Kevin E. Bonner Date: 10Oct14 Daytime Phone #: 210 858 8886

Typed or printed name of signing Authorized Representative/Manager: Kevin Bonner, Member

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 320504 7871726

AUTHORIZATION :

COST LIMIT : $238.75

ORDER DATE : October 1, 2014

ORDER TIME : 10:06 AM

ORDER NO. : 320504-010

CUSTOMER NO: 7871726

DOMESTIC FILINGS

RECEIVED
DEPARTMENT OF STATE
14 OCT -2 AM 10:5

NAME: TIBA, 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

OCT 02 2014
R. HUNT

EXAMINER'S INITIALS _____