

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000167743

1. Limited Liability Company's Name

TMF FLORIDA LLC

2. Principal Office Address - No P.O. Box #

9123 N. Military Trail

Suite, Apt. #, etc.

Suite 200

City & State

Palm Beach Gardens, Florida

Zip

33410

Country

USA

3. Mailing Office Address

9123 N. Military Trail

Suite, Apt. #, etc.

Suite 200

City & State

Palm Beach Gardens, Florida

Zip

33410

Country

USA

8. Name and Address of Current Registered Agent

Name

Dr. Florian Braich

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

9123 N. Military Trail

Apt. #, Etc.

Suite 200

City

Palm Beach Gardens

State

FL

Zip Code

33410

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 12/4/2013

6. FEI Number

46-4388773

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a certificate of status

CR2E041 (1/14)

500284285695

04/05/16--01024--003 **\$77.50

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 03/30/2016

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
MGR	Dr. Florian Braich	9123 N. Military Drive	Palm Beach Gardens, FL 33410
MGR	Angela Braich	9123 N. Military Drive	Palm Beach Gardens, FL 33410
REINSTATEMENT			
2015-2016			

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 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

03/30/2016

Date

Daytime Phone #

561.795.2242

Typed or printed name of signing authorized representative/member Dr. Florian Braich