PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2020 MAY -5 PM 2:48
SEC
TALLAHASSEE, FLORIDA
800344286668
05/05/20--01019--003 **332.50

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1 Limited Liability Company's Name

TMKD, LLC

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
220 SW 16 St	220 SW 16 St
Suite Apt. #, etc.	Suite Apt. #, etc.
City & State: Dania Beach, FL	City & State: Dania Beach, FL
Zip: 33004 Country: USA	Zip: 33004 Country: USA

CR2E041 (1/14)

4 State/Country of Formation: FL/USA

5 Date Organized or Qualified To Do Business in Florida: 2/18/2014

6 FEI Number: 84-5164197 ☐ 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: Miriam Goldglantz

Street Address (P.O. Box Number is Not Acceptable) Suite:
3841 N 37 Ave

Apt. # Etc.

City: Hollywood | State: FL | Zip Code: 33021

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: Miriam Date: 4/27/2020
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	Miriam Goldglantz	3841 N. 37 Ave	Hollywood, FL 33021
		REINSTATEMENT	
		2015-2020	

MAY 06 2020

11 E-mail Address: Claims@Covidadjusting.com
(To be used for future annual report notifications)

LALBRITTON

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: Miriam Date: 4/27/2020 Daytime Phone #: 305-725-6006

Typed or printed name of signing authorized representative/member: Miriam Goldglantz