


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

2016 APR 12 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # L14000048506**

1. Limited Liability Company's Name

TSS HOLDINGS LLC

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

2506 Ponce De Leon Blvd

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

2506 Ponce De Leon Blvd

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33134

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

3/24/2014

6. FEI Number

46-5191366

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

James J. Gangitano, Esq.

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

6303 Blue Lagoon Drive

Apt. #, Etc.

Suite 400

City

Miami

State

FL

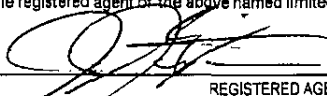
Zip Code

33126

800284491578  
04/12/16--01038--024 \*\*238.75

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



REGISTERED AGENT MUST SIGN

Date 4/4/2016

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	Melissa March	2506 Ponce De Leon Blvd	Coral Gables, FL 33134
	<b>REINSTATEMENT</b>		
	2016		

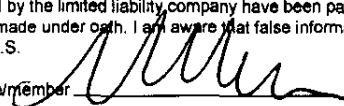
DD 4/13

11. E-mail Address: marchpromo@aol.com

(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



Date 4/4/2016

Daytime Phone # (305) 281-4510

Typed or printed name of signing authorized representative/member Melissa March