

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 FEB 14 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L940000000201

1. Limited Liability Company's Name

TPES, L.P.

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-02/18/02--01023--024

****355.00 ****355.00

2. Principal Office Address

3780 West Chapter Street.

3. Mailing Office Address

81A

Suite, Apt. #, etc.

0

Suite, Apt. #, etc.

0

City & State

Miami, FL.

City & State

0

Zip

33134

Country

USA

Zip

0

Country

0

4. State/Country of Formation

Fla. - USA

5. Date Organized or Qualified To Do Business in Florida

5/13/1994

6. FEI Number

65-0495692

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

HERNANDO C. SANTANA

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

3780 West Chapter Street.

Suite, Apt. #, Etc.

0

City

Miami

State

FL

Zip Code

33134

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Signature]

Date

2/4/02

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MAN</u>	<u>HERNANDO SANTANA</u>	<u>3780 West Chapter St.</u>	<u>Miami, FL. 33134</u>
<u>CHAIR</u>	<u>Lina Rodriguez Betancourt (deceased)</u>	<u>19455 Red Maple Court</u>	<u>Miami, FL. 33175</u>
	<u>DIANA ELBO (deceased)</u>	<u>JUAN C. ELBO, PH.</u>	<u>19455 Red Maple Court</u>
		<u>MIAMI BEACH, FL.</u>	<u>33134</u>
		<u>CC - 30.00 CUS - 5.00</u>	

11. I certify that I am managing member/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 608.406, 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.

Signature of Managing Member/Manager

[Signature]

Date

2/4/02

Daytime Phone #

(305) 569-9944

Typed or printed name of signing Managing Member/Manager

HERNANDO C. SANTANA

CR2E041 (9/01)

99 50.00
00 50.00
01 50.00
02 50.00

O.P. 2000