APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

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

FILED
99 JUL -9 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT # L96000000104

1. Name and Mailing Address of Limited Liability Company
Tama Group, L.C.
5207 Washington Blvd.
Tampa, FL 33619
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

1a. Principal Place of Business Address
5207 Washington Blvd.
Tampa, FL 33619

2. Principal Place of Business
5207 Washington Blvd.
Suite, Apt. #, etc.
City & State: Tampa, FL
Zip: 33619 Country: USA

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified: 1/24/96
3a. State of Formation: Florida

4. FEI Number: 65-0688552
☐ Applied For
☐ Not Applicable

5. Date of Last Report: 5/7/97
6. Certificate of Status Desired
$5.00 Additional Fee Required ☒

7. Name and Address of Current Registered Agent
Charles W. Cherry II
121 NW 6th Ave.
Fort Lauderdale, FL 33311

8. Name and Address of New Registered Agent
Name: Charles W Cherry II
Street Address (P.O. Box Number is Not Acceptable): 5207 Washington Blvd.
Suite, Apt. #, etc.
City: Tampa FL Zip Code: 33619

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: CWC II Date: 7/8/99
REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	Glenn W. Cherry	5207 Washington Blvd. Tampa, FL 33619	
MGRM	Charles W Cherry II	5207 Washington Blvd. Tampa, FL 33619	

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REINSTATEMENT 98-99

GL 1-9-99

11. I certify that I am managing member/manager or the reciever 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: CWC II Date: 7/8/99 Daytime Phone #: 813-620-1300, X 11

Typed or printed name of signing Managing Member/Manager: Charles W. Cherry II

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