Oct 7. 2003 8:07... PETERSON & MYERS

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 13 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400023753074
10/13/03--01079--001 **155.00

DOCUMENT # L97000000877

1. Limited Liability Company's Name

TMG INTERNATIONAL, L.C.

2. Principal Office Address	3. Mailing Office Address
3700 W. Lake Hamilton Dr.	3700 W. Lake Hamilton Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, FL	City & State: Winter Haven, FL
Zip: 33881 Country: US	Zip: 33881 Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 8/08/97

6. FEI Number: 59-3466224 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Vince Plati

Street Address (P.O. Box Number is Not Acceptable): 3700 W. Lake Hamilton Dr.

Suite, Apt. #, Etc.:

City: Winter Haven State: FL Zip Code: 33881

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: _____ Date: 10/9/03

Vince Plati 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
MGR	Vince Plati	3700 W. Lake Hamilton Dr.	Winter Haven, FL 33881
MGR	Larry Plati	3700 W. Lake Hamilton Dr.	Winter Haven, FL 33881

REINSTATEMENT 2003

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: _____ Date: 10/9/03 Daytime Phone #: 863/422-8755

Typed or printed name of signing Managing Member/Manager: Vince Plati