

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
00 DEC 26 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L98-63

1. Limited Liability Company's Name

L98000000063

T & D Tech, L.C.

REINSTATEMENT 2000

2. Principal Office Address

902 Bee Pond Road

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Zip

34683

Country

U.S.

Zip

Country

4. State/Country of Formation

Florida, U.S.

5. Date Organized or Qualified
To Do Business in Florida

1/21/1998

6. FEI Number

59-3487053

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

Spiegel & Utrera, P.A.

600003524436--1

01/05/01--01018--011

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

343 Almeria Ave

****155.00

****155.00

Suite, Apt. #, Etc.

City

Coral Gables

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

Mark Danielecki - Attorney at Law
REGISTERED AGENT MUST SIGN

Date

12/19/00

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
MR	Brian Tiracuit	902 Bee Pond Rd	Palm Harbor, Florida 34683
MR	Mark Danielecki	2006 Peppertree Ct	Oldsmar, FL 34677

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

Mark Danielecki

Date

12-19-00

Daytime Phone #

(813) 267-8582

Typed or printed name of signing Managing Member/Manager

Mark Danielecki