PLEASE READ-ALL-INSTRUCTIONS BEFORE COMPLETING THIS HOPEM.
SECRETARY OF STATE
DIVISION OF CORPORATIONS LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** 05 FEB 25 PM 12: 19 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS L98000000063 DOCUMENT # 1. Limited Liability Company's Name TID Tech, LLC NSTATEMENT 02-05 3. Mailing Office Address 2. Principal Office Address 5. Date Organized or Qualified
To Do Business in Electrical States 902 Bee And Rd 2006 Peppertree Ct Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State oldsmar FL \$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED 34677 Pinellas 8. Name and Address of Current Registered Agent Name Spiegel Utrera P.A. Street Address (P.O. Box Number is Not Acceptable) Kennedy Blud Suite, Apt. #, Etc. Florida 73609 agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F LTRERA, P.A. Signature of Natalia Utrera, Vice President Date Registered Agent Registered REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip 902 Bee Pond Rd Palm Harbor, FL. 34683 nark Danielecki 2006 Reppertree Ct Oldsmar, Fe, 34677 300047873533 03/08/05--01010--021 ***300.00 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. Typed or printed name of signing Managing Member/Manager