

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L98000001251

1. Limited Liability Company's Name

TIMBA, L.C.

2. Principal Office Address

56 N.E. 40 Street

Suite, Apt. #, etc.

City & State

Miami, FL 33137

Zip
33137

Country

Miami-Dade

3. Mailing Office Address

56 N.E. 40 Street

Suite, Apt. #, etc.

City & State

Miami, FL 33137

Zip
33137

Country

Miami-Dade

4. State/Country of Formation

Miami-Dade, FL

**5. Date Organized or Qualified
To Do Business in Florida**

July 28, 1998

6. FEI Number

650854973

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

Norman S. Weider, Esq.

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

100 S.E. 2nd Street

Suite, Apt. #, Etc.

Suite 3950

City

Miami

State

FL

Zip Code

33131

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 11/30/00

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
MgrM	Steven Rhodes	56 N.E. 40 Street	Miami, FL 33137

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

Steven Rhodes

Date

12/4/00

Daytime Phone #

305-576-2012

Typed or printed name of signing Managing Member/Manager

FILED
00 DEC -8 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

CR2E041 (9/99)