

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 OCT -1 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L9900000 2531

1. Limited Liability Company's Name

TMK Properties, L.L.C.

2. Principal Office Address

640 Cypress Pointe Dr W

3. Mailing Office Address

601 NW 179th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33027

Country

USA

Zip

33029

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

May 4, 1999

6. FEI Number

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

Mark Glassman, Esq.

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

2665 Executive Park Drive

Suite, Apt. #, Etc.

Suite 3

City

Weston

State
FL

Zip Code

33331

300004624133--4

10/05/01 01008-007

****200.00 ****200.00

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

REGISTERED AGENT MUST SIGN

Date

9/28/01

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	Thoranna Gersinsky	640 Cypress Pointe Dr. W	Pembroke Pines, FL 33027
MGRM	Mark Glassman	2665 Executive Park Dr., #3	Weston, FL 33331
M	Kenneth Glassman	82 Pierrepont St., #5D	Brooklyn, NY 11201

REINSTATEMENT

00.01
dec

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

9/28/01

Daytime Phone #

954-467-6400

* Typed or printed name of signing Managing Member/Manager

Mark Glassman

CR25041 (9/00)