



2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
05 JAN 26 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006598 1. Entity Name T.I.D. LLC		
Principal Place of Business 360 SOUTH SHORE DR SARASOTA, FL 34234 US		Mailing Address 12260 WILLOW GROVE RD BLDG #2 CAMDEN, DE 19934
2. SUITE 401 302 REGENT STREET LONDON W1H 3BB UNITED KINGDOM	3. Mailing Address 1220 N. Market St. Suite 804 Wilmington, DE 19801, USA	 01102005 REIN-LLC CR2E101 (6/04)
4. FEI Number NOT APPLICABLE		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent FLETCHER, W. RICK 360 SOUTH SHORE DRIVE SARASOTA, FL 34234		7. Name and Address of New Registered Agent Florida Filing & Search Services 1333 North Duval Street Tallahassee, FL 32303 FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> DATE: <i>1/26/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE MGR <input type="checkbox"/> Delete NAME RAYNER, MARK RONALD STREET ADDRESS 39 PUSHKINSKAYA, APT. 6 CITY-ST-ZIP KIEV, UKRAINE,	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE MGR <input type="checkbox"/> Delete NAME DICKSON, ANDREW RODNEY STREET ADDRESS 12 LESYA VERAZINKA ST. APT. 37 CITY-ST-ZIP KIEV, UKRAINE,	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: <i>01/10/2005</i> <small>Daytime Phone #</small>

REINSTATEMENT 2004-2005

L99 00000 6598

FLORIDA FILING & SEARCH SERVICES, INC.
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1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303
PHONE: (800) 435-9371 FAX: (866) 860-8395

DATE: 01-26-05

NAME: TID, LLC

TYPE OF FILING: REINSTATEMENT

COST: \$200

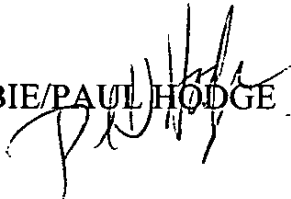
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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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