

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

09 DEC -9 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000006598**

1. Limited Liability Company's Name

**T.I.D. LLC.**

**000163435680**  
12/08/09--01024--005 \*\*377.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <b>302 Regent Street</b>		3. Mailing Office Address <b>1220 N Market St.</b>	
Suite, Apt # etc. <b>Suite 401</b>		Suite, Apt #, etc. <b>Suite 804</b>	
City & State <b>LONDON</b>		City & State <b>Wilmington DE</b>	
Zip <b>81H 3BB</b>	Country <b>United Kingdom</b>	Zip <b>19801</b>	Country <b>USA</b>

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida <b>10/12/99</b>	
6. FEI Number <b>NOT APPLICABLE</b>	Applied for <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee Applied <input type="checkbox"/> Not Applicable	

B. Name and Address of Current Registered Agent

Name <b>Florida Filing + Search Services</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>150 Office Plaza Drive</b>	
Suite, Apt # Etc. <b>Suite A</b>	
City <b>Tallahassee</b>	State / Zip Code <b>FL 92381</b>

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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: **Quorise P. Hodge** Date: **12/4/09**

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
<b>MEM</b>	<b>Michael Adams</b>	<b>3e. 401, 302 Regent Street London, UK w/d. 81H</b>	

**REINSTATEMENT 2008-09** JB

11. E-mail Address \_\_\_\_\_ (To be used for future official correspondence)

12. 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: **Jeff Tindell** Date: **12/4/09** Daytime Phone #: **302-431-5750**

Typed or printed name of signing Managing Member/Manager: **Jeff Tindell** Auth: **Person**