PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 DEC 21 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000001001

1 Limited Liability Company's Name

# TMBC, L.L.C.

CR2E041 (05/10)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 200 Gul Stream Way | 2500 E. Kearney |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Dania, FL | City & State: Springfield, MO |
| Zip: 33004 / Country: USA | Zip: 65898 / Country: USA |

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 3/28/2003

6. FEI Number: 01-0764915 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

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: Chris McNeair
REGISTERED AGENT: Assistant Secretary
Date: 12/21/10

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 |
|---|---|---|---|
| MGR | James A. Hagale | 2500 E. Kearney | Springfield, MO 65898 |
| | | | |
| | | | |

REINSTATEMENT

10

11. E-mail Address: [illegible] (To be used for future annual report notifications)

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: J A Hagale Date: 12/21/10 Daytime Phone #: 417-873-5000

Typed or printed name of signing Managing Member/Manager: James A. Hagale

FILED

# Florida Department of State

## Division of Corporations

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TALLAHASSEE FLORIDA

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**LIMITED LIABILITY REINSTATEMENT**
**TMBC, L.L.C.**

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