

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000003598

1. Limited Liability Company's Name

TMP Directional Marketing, LLC

2. Principal Office Address - No P.O. Box #

200 Berkeley Street

Suite, Apt. #, etc.

City & State

Boston, MA 02116

Zip

02116

Country

US

3. Mailing Office Address

200 Berkeley Street

Suite, Apt. #, etc.

City & State

Boston, MA

Zip

02116

Country

US

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

6/29/2005

6. FEI Number

20-2486461

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

E-mail Address:

kateelin@michaelbest.com

(To be used for future annual report notices)

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

Connie Bryan

Connie Bryan

Date

10/31/2012

REGISTERED AGENT MUST SIGN

Assistant Secretary

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State
MGRM	Matthew D. Pascucci, <i>Director</i> Partner	200 Berkeley Street	Boston, MA 02116
	Deloitte FAS, Administrator		
	and Trustee of the TMP Liquidating Trust		
		REINSTATEMENT 06-12	
		D.B.	

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

10/30/12

Daytime Phone #

(617) 437-3434

Typed or printed name of signing Managing Member/Manager Matthew D. Pascucci

600241372796
10/31/12--01018--005 **1071.25

CR2E041 (1/11)

12 OCT 31 AM 9:55
FILED
AND
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED



Wolters Kluwer
Corporate Legal Services

LLP Corporation
511 East Park Avenue
Tallahassee, FL

850-222-1092
850-222-7000 fax
www.wolterskluwer.com

110500003598

October 31, 2012

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 8595151 SO
Customer Reference 1: 028767-0001
Customer Reference 2: -

Dear Department of State, Florida:

Please obtain the following:

TMP Directional Marketing LLC (DE)
Reinstatement
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

APPROVED
AND
FILED

12 OCT 31 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File 1st

RECEIVED
DEPARTMENT OF STATE
12 OCT 31 PM 1:40