PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2013 OCT 31 AM 8:36

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M07000001381

800253402768
10/31/13--01025--019 **690.00

CR2E041 (1/11)

1. Limited Liability Company's Name
Tempus LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4640 Admiralty Way	4640 Admiralty Way
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.: 201
City & State: Marina Del Rey, Ca.	City & State: Marina Del Rey, Ca.
Zip: 90292 Country: USA	Zip: 90292 Country: USA

4. State/Country of Formation: California

5. Date Organized or Qualified To Do Business in Florida: 3/08/2007

6. FEI Number: 95-4834686 ☐ 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: NRAI Services

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: mstagen@emeraldhs.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 _____ Date 10/29/13
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
CEO	Mark Stagen	4640 Admiralty Way # 201	Marina Del Rey, Ca.

REINSTATEMENT 2010-2013

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 10/29/13 Daytime Phone # 800-917-5056 ext 101

Typed or printed name of signing Managing Member/Manager _____ LAURIE BERRY

EXAMINER

NOV 5 2013