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LIMITED LIABILITY REINSTATEMENT

TM INDUSTRIES I, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	~~$243.75~~ $143.75

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T. HAMPTON
NOV - 2 2009
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

DOCUMENT # M08000004550

1. Limited Liability Company's Name

TM Industries I, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
404 W Guadalupe Rd	404 W Guadalupe Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tempe, AZ	City & State: Tempe, AZ
Zip: 85283 Country:	Zip: 85283 Country:

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 06 October 2008

6. FEI Number: 26-3298277 ☐ 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

☑ 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: Maria Ozaeta Maria Ozaeta Vice President Date: 10-27-09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	John Dick	404 W.Guadalupe Rd	Tempe, AZ 85283
Mgr	Myung Yi	5425 Wisconsin Ave.	Chevy Chase, MD 20815
Mgr	Jeff Anapolsky	5425 Wisconsin Ave.	Chevy Chase, MD 20815

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 608.408, 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: [signature] Date: 23 OCT 09 Daytime Phone #: 480 567 3065

Typed or printed name of signing Managing Member/Manager: John Dick

REINSTATEMENT 2009

T. Hampton NOV - 2 2009