PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JUL 28 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M09000002552

1. Limited Liability Company's Name

TFISA, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
950 Peninsula Corporate Circle		P.O. Box D2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
201R			
City & State		City & State	
Boca Raton, FL		Boca Raton, FL	
Zip	Country	Zip	Country
33487	United States	33487	United States

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
7/1/2009

6. FEI Number
27-0367026
☐ 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
Steve Eisen

Street Address (P.O. Box Number is Not Acceptable)
950 Peninsula Corporate Circle

Suite, Apt. #, Etc.
201R

City	State	Zip Code
Boca Raton	FL	33487

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07/18/14--01022--003 **738.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 7/18/14
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Steve Eisen	950 Peninsula Corporate Cir., #201R	Boca Raton, FL 33487
AR	Jerome Eisenberg	950 Peninsula Corporate Cir., #201R	Boca Raton, FL 33487
	REINSTATEMENT		
	2010-2014	S. HAWKES	
		JUL 21 A.M.	
		EXAMINER	

11. E-mail Address: SRISEN1217@aol.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date _____ Daytime Phone # _____

Typed or printed name of signing Authorized Representative/Manager _____