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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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LIMITED LIABILITY REINSTATEMENT

TAYMATT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$377.50

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EXAMINER

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M11000001441

1. Limited Liability Company's Name

TAYMATT, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
103 Main St. Suite 300	103 Main St. Suite 300
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Princeton, NJ	City & State: Princeton, NJ
Zip: 08540 Country: USA	Zip: 08540 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business In Florida: 07/07/2009

6. FEI Number: ☐ 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: CORPORATE CREATIONS NETWORK, INC.

Street Address (P.O. Box Number is Not Acceptable): 11380 PROSPERITY FARMS ROAD

Suite, Apt. #, Etc.: #221E

City: PALM BEACH GARDENS State: FL Zip Code: 33410

E-mail Address: rdspalding@gmail.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 605, F.S.

Signature of Registered Agent: Diana Urrego Diana Urrego, Special Secretary Date: 3/21/2011
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
MGR	ROSS SPALDING	103 Main St. Suite 300	Princeton, NJ, 08540

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: Diana Urrego Date: 3/21/2011 Daytime Phone #: 5616948107

Typed or printed name of signing Managing Member/Manager: ROSS SPALDING, MGR by Diana Urrego as attorney-in-fact