

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAR 25 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

M98000000219

1. Limited Liability Company's Name

TPB, L.L.C.

2. Principal Office Address

1355 Peachtree Street

Suite, Apt. #, etc.

~~Suite 610~~

City & State

Atlanta, GA

Zip

30309

Country

USA

3. Mailing Office Address

1355 Peachtree Street

Suite, Apt. #, etc.

~~Suite 610~~

City & State

Atlanta, GA

Zip

30309

Country

USA

4. State/Country of Formation

LA/USA

5. Date Organized or Qualified

To Do Business in Florida

3/5/98

6. FEI Number

72-1304755

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

Frank Silcox

Street Address (P.O. Box Number is Not Acceptable)

100 South Ashley Drive

Suite, Apt. #, Etc.

~~Suite~~ 1270

City

Tampa

500005179675--8

04/01/02-01080--001

****250.00 ***250.00

State

FL

Zip Code

33602

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

Frank Silcox
REGISTERED AGENT MUST SIGN

Date

2/12/02

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
Mgmn.	Timothy P. Bright	100 Tower Place Suite 930 3340 Peachtree Rd. NE	Atlanta, GA 30326

REINSTATEMENT

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dce

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.

Signature of
Managing Member/Manager

Tim P. Bright

Date

2/12/02

Daytime Phone #

401-885-9900

Typed or printed name of signing Managing Member/Manager

Mr. Timothy P. Bright

CR2E041 (9/01)