

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M98000000219

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 SEP 21 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
CR2E041 (8/05)

**DOCUMENT #**

1. Limited Liability Company's Name

TPB, LLC

03

2. Principal Office Address

3414 Peachtree Rd, NE

Suite, Apt. #, etc.

Suite 400

City & State

Atlanta, GA

Zip

30326

Country

USA

3. Mailing Office Address

3414 Peachtree Rd, NE

Suite, Apt. #, etc.

Suite 400

City & State

Atlanta, GA

Zip

30326

Country

USA

4. State/Country of Formation

LA

5. Date Organized or Qualified  
To Do Business in Florida

03/05/1998

6. FEI Number

721304755

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)

201 E. Kennedy Blvd.

Suite, Apt. #, Etc.

Suite 1111

City

Tampa

000060061260

09/29/05--01015--003 \*\*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

Date

9-20-05

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
MEM	Timothy P Bright	3414 Peachtree Rd, NE Suite 400	Atlanta, GA 30326

REINSTATEMENT 2003-2005

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

9/20/05

Daytime Phone #

404-832-7607

Typed or printed name of signing Managing Member/Manager

TIMOTHY P. BRIGHT