PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 JUL 22 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/22/10--01036--002 **238.75

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (05/10)

DOCUMENT # M07000002789

1. Limited Liability Company's Name

TIC TPS MIAMI 6, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
6363 WOODWAY DRIVE		6363 WOODWAY DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 110		SUITE 110	
City & State		City & State	
HOUSTON, TX		HOUSTON, TX	
Zip	Country	Zip	Country
77057-1714	USA	77057-1714	USA

4. State/Country of Formation: DELAWARE/USA

5. Date Organized or Qualified To Do Business In Florida: 05/10/2007

6. FEI Number: 26-0271284 ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City	State	Zip Code
TALLAHASSEE	FL	32301-2525

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: Elizabeth A. Stryzs — Elizabeth A. Stryzs, Assistant VP
REGISTERED AGENT MUST SIGN

Date: 7/9/10

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
MGRM	KENNEL, JUDITH E., TRUSTEE	3439 Coolheights Drive	RANCHO PALOS VERDES, CA 90275

JB

REINSTATEMENT 2010

11. E-mail Address: jkennel@sbcglobal.net
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, 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: Judith E Kennel — Date: 7/13/10 — Daytime Phone #: 3109207523

Typed or printed name of signing Managing Member/Manager: