

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

DOCUMENT #

1. Limited Liability Company's Name

L-12518

01 OCT 22 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THORNBURG FINANCIAL LLC

REINSTATEMENT 2001

2. Principal Office Address

2033 WOOD ST

Suite, Apt. #, etc.

STE 119

City & State

SARASOTA FL

Zip

34237

Country

SARASOTA

3. Mailing Office Address

2033 WOOD ST

Suite, Apt. #, etc.

STE 119

City & State

SARASOTA FL

Zip

34237

Country

SARASOTA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10-15-00

6. FEI Number

65-1046674

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

CLYDE M. THORNBURG

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

2033 WOOD ST

Suite, Apt. #, Etc.

STE 119

City

SARASOTA

State

FL

Zip Code

34237

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

Clyde M. Thornburg
REGISTERED AGENT MUST SIGN

Date **10-19-01**

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
PRES	CLYDE M. THORNBURG	2033 WOOD ST STE 119 SARASOTA FL 34237	SARASOTA FL 34237

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

Clyde M. Thornburg

Date **10-19-01**

Daytime Phone # **941-952-9772**

Typed or printed name of signing Managing Member/Manager

CLYDE M. THORNBURG