

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRET  
DIVISION

07 NOV -6 AM 10: 57

DOCUMENT # L00000013174

1. Limited Liability Company's Name

Thornburg & Thornburg Properties, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

18611 Geraci Rd

Suite, Apt. #, etc.

City & State

Lutz, FL

Zip

33548

Country

USA

3. Mailing Office Address

P.O. Box 2086

Suite, Apt. #, etc.

City & State

Lutz, FL

Zip

33548-2086

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

Oct 26, 2000

6. FEI Number

59-3683661

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  
Edward G. Thornburg

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

18611 Geraci Rd

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33548

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*Edward G. Thornburg*

REGISTERED AGENT MUST SIGN

Date 10-19-07

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	Edward G. Thornburg	18611 Geraci Rd	Lutz, FL, 33548
Mgrm	Edward G. Thornburg Jr.	16110 Highland Av	Lutz, FL, 33548
Mgrm	Rachel Thornburg	18611 Geraci Rd	Lutz, FL, 33548
Mgrm	Michele Rushton	17921 Burnside Rd	Lutz, FL, 33548

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

*Edward G. Thornburg*

Date 10-19-07

Daytime Phone # 813-948-0333

Typed or printed name of signing Managing Member/Manager