

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 25 AM 9:55

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000000056

1. Limited Liability Company's Name

T.L.C. Professional Properties, LLC

2. Principal Office Address

104 S. Clyde Ave.

3. Mailing Office Address

104 S. Clyde Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34741

Country

USA

Zip

34741

Country

USA

4. State/Country of Formation

Florida/Osceola

5. Date Organized or Qualified
To Do Business in Florida

12/26/2000

6. FEI Number

59-3698588

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

A. Clifton Black

600057095346
07/29/05--01076--003 **45.00

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

104 South Clyde Avenue

600057095346
07/06/05--01061--001 **150.00

Suite, Apt. #, Etc.

600057095346
07/06/05--01061--002 **5.00

City

Kissimmee

State

FL

Zip Code

34741

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

A. Clifton Black
REGISTERED AGENT MUST SIGN

Date

7/1/05

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
P	A. Clifton Black	104 S. CLYde Ave.	Kissimmee, FL 34741
ST	Ismet Karacan	5211 Wigton St.	Huston, TX 77096

REINSTATEMENT 04-05

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

A. Clifton Black

Date 7/1/05

Daytime Phone # 407-932-1115

Typed or printed name of signing Managing Member/Manager

A. Clifton Black

CR2E041 (10/02)