

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 15 PM 4:12

1. DOCUMENT # L02000009663

Name and Mailing Address

0006566 01 AT 0.292 **AUTO T5 0 0615 33149-274852



TIELKARI, L.L.C.

425 GRAPETREE DRIVE, UNIT 202
KEY BISCAYNE FL 33149-2748



2. New Mailing Address

510 Brush Creek Rd

City, State, Zip

Fairview N.C. 28730

Principal Place of Business

425 GRAPETREE DRIVE, UNIT 202
KEY BISCAYNE FL 33149

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

04/23/2002

6. FEI Number

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

ROBERT, NORMAN
50 WEST MASHTA DRIVE, SUITE 4
KEY BISCAYNE FL 33149

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

[Signature]
REGISTERED AGENT MUST SIGN

Date

4-20-04

11. Names and Street Addresses of Each Managing Member/Manager

9. MANAGING MEMBERS/MANAGERS		
TITLE	NAME	STREET ADDRESS
	Timmie S. Oliver	510 BRUSH CREEK ROAD
		FAIRVIEW, NC 28730

☐ Delete

100023806301
10/17/03--01050--019 **50.00

☐ Change ☐ Addition

700032880927
04/15/04--01050--008 **100.00

700032880927
04/15/04--01050--009 **50.00

REINSTATEMENT

12. 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

[Signature]
SIGNATURE REQUIRED

Date

Daytime Phone #

828-628-3160

Typed or printed name of signing Managing Member/Manager