L02000011057

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 11 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000011057

1. Limited Liability Company's Name
Thompson Properties, LLC

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2. Principal Office Address	3. Mailing Office Address
36468 Emerald Coast Pkwy	Same
Suite, Apt. #, etc.: Suite 7103	Suite, Apt. #, etc.
City & State: Destin FL	City & State
Zip: 32541 Country: Okaloosa	Zip Country

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 5/2/02
6. FEI Number: 04-3657886 ☐ 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: Diana Dixon
000036477836 90
05/14/04--01050--011 **205.00
Street Address (P.O. Box Number is Not Acceptable): 36468 Emerald Coast Pkwy Suite 7103
Suite, Apt. #, Etc.
City: Destin State: FL Zip Code: 32541

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: Diana R Dixon Date: 5/10/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
Mr	Richard L Basham	616 Lagoon Drive	Destin FL 32541
MGR			

REINSTATEMENT 2003-2004

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: Richard Basham Date: _____ Daytime Phone # 850 650 4830

Typed or printed name of signing Managing Member/Manager: _____