

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAY 19 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000025893

1. Limited Liability Company's Name

TIMCAROL REAL ESTATE, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 3073 S. HORSESHOE DR.		3. Mailing Office Address 450 E. 96TH STREET	
Suite, Apt. #, etc. SUITE 112		Suite, Apt. #, etc. SUITE 200	
City & State NAPLES, FL		City & State INDIANAPOLIS, IN	
Zip 34104	Country USA	Zip 46240	Country USA

4. State/Country of Formation
FLORIDA/USA

**5. Date Organized or Qualified
To Do Business in Florida** 10/02/2002

6. FEI Number
061650592

☐ 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
DENNIS D. LEONE, ESQ., SHANKMAN, LEONE & WESTERMAN, P.A.

Street Address (P.O. Box Number is Not Acceptable)
609 E. JACKSON ST.

Suite, Apt. #, Etc.
SUITE 100

City
TAMPA

State
FL

Zip Code
33602

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **5/18/09**

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	TIM WAGNER	3073 S. HORSESHOE DR. #112	NAPLES, FL 34104

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05/19/09--01035--023 **277.50

REINSTATEMENT 07-09

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

[Signature]

Date **5/15/09** Daytime Phone # **317-509-4095**

Typed or printed name of signing Managing Member/Manager