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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFORM A DEPARTMENT OF STATE
Florida Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

03 NOV 24 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000028529

Name and Mailing Address

0011687 01 AT 0.292 **AUTO T3 0 0615 33408-719595

TKH PROPERTIES LLC

P.O. BOX 13195

NORTH PALM BEACH FL 33408-7195

REINSTATEMENT



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/28/2002

Principal Place of Business

131 EBBTIDE DRIVE
NORTH PALM BEACH FL 33408

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

283663995

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

HENNINGS, TAMMY K
131 EBBTIDE DR
NORTH PALM BEACH FL 33408

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 AgentSIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-14-03

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

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HENNINGS, TAMMY K	131 EBBTIDE DR.	NORTH PALM BEACH FL 33408

000025389990
12/10/03--01044--017 **150.00

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 REQUIRED

Date 11-14-03

Daytime Phone # 678-491-3758

Typed or printed name of signing Managing Member/Manager

TAMMY H. PATTERSON

CR2E084 (7/03)