

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
DIVISION OF CORPORATIONS

L02000029434

FILED

1. DOCUMENT # L02000029434

Name and Mailing Address

0003592 01 AT 0.292 **AUTO T5 0 0615 32808-763525



T.P.S. PROPERTIES, L.L.C.
625 WILMER AVENUE
ORLANDO FL 32808-7635

03 OCT 21 AM 8:00

SECRETARY OF STATE
10/21/03 10:07:33 022 FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business
625 WILMER AVENUE
ORLANDO FL 32808

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 11/04/2002

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

THARP, JAMES W JR
625 WILMER AVENUE
ORLANDO FL 32808

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

REGISTERED AGENT MUST SIGN

Date 10/16/03

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
Pres	Jim Tharp	3076 TOTKA CIRCLE	LONGWOOD, FL 32779
V.P.	ANDY THARP	"	"
Sec	"	"	"
TRUST	Jim Tharp	"	"

REINSTATEMENT

03
dec

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 10/16/03 Daytime Phone # 407 295-2370

Typed or printed name of signing Managing Member/Manager