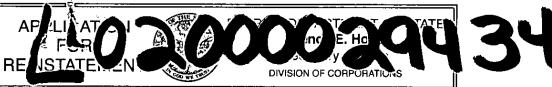
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT # L02000029434

Name and Mailing Address

Signature of

Managing Member/Manage

0003592 01 AT 0.292 \*\*AUTO T5 0 0615 32808-763525 Tullanddleddlanfaldaaddlaaddaddaddidilaadd T.P.S. PROPERTIES, L.L.C. 625 WILMER AVENUE ORLANDO FL 32808-7635

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03 OCT 21 AM 8: 00

Date  $\frac{10/16/03}{03}$  Daytime Phone #  $\frac{407295-2370}{0}$ .



2. New Mailing Address				State/Country of Formation     FL			
City, State, Zip				5. Date Organized or Qualified To Do Business in Florida 11/04/2002			
Principal Place of Business 625 WILMER AVENUE	3. New Principal Pl	3. New Principal Place of Business Address			6. FEI Number Applied For Not Applicable		
CRLANDO FL 32808	City, State, Zip	City, State, Zip			7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
THARP, JAMES W JR 625 WILMER AVENUE ORLANDO FL 32808			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code			
Signature of Registered Agent	REGISTERED AGENT MI	UST SIGN	ED	· · · · · · · · · · · · · · · · · · ·	Date 10/16/03	3.	
1. Names and Studet Addresses of Each Mana							
		et Address of Each ping Member/Manager		City / State / Zip			
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I.P. ANW THARP		<b>~</b>	~	~	· •	' m m	
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COS JIM HARP	7	п	u	٣		n 4	
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1.2. I certify that I am managing member/managiling this reinstatement application the reason all fees owed by the limitet liability companies if made under oath.	er or the receiver or trustee of for dissolution has been el have been poid. The informa-	e empowered iminated, the l ation indicated	to execute this ap imited liability con on this application	oplication as provident npany name satisfie on is true and accura	ed for in chapter 608, F.S. I fur s the requirements of section 60 ate, and my signature shall have	ther certify that when 08.406, F.S., and that the same legal effect	