

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000016695

1. Limited Liability Company's Name

TAGLAND MORRISON PROPERTIES, LLC

2. Principal Office Address

73 S. Palm Avenue

Suite, Apt. #, etc.

Suite 214

City & State

Sarasota FL

Zip

34236

Country

USA

3. Mailing Office Address

73 S. Palm Avenue

Suite, Apt. #, etc.

Suite 214

City & State

Sarasota FL

Zip

34236

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05-08-03

6. FEI Number

81-0612024

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

J. Kevin Drake

Street Address (P.O. Box Number is Not Acceptable)

1432 First Street

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

REINSTATEMENT 04-05

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

REGISTERED AGENT MUST SIGN

Date 03-17-05

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	William C. Tagland	73 S. Palm Ave., Suite 214	Sarasota FL 34236
Mgr	Derek W. Morrison	P. O. Box 21689	Sarasota FL 34276

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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

Date

Daytime Phone # 941-316-0509

Typed or printed name of signing Managing Member/Manager