

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
5277 TIVOLI, LLC

W300029284

FILED
2004 OCT 21 PM 1:47
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2. Principal Office Address
4845 RUGBY AVENUE

Suite, Apt. #, etc.

City & State
BETHESDA, MD

Zip
20814

Country
USA

3. Mailing Office Address
4845 RUGBY AVENUE

Suite, Apt. #, etc.

City & State
BETHESDA, MD

Zip
20814

Country
USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida **08/07/2003**

6. FEI Number
364538 227

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
DAVID B. MILLER

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

Suite, Apt. #, Etc.

City
DESTIN

State
FL

Zip Code
32550

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

David B Miller

Date **10-18-04**

REGISTERED AGENT MUST SIGN

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
MGRM	DAVID B. MILLER	488 CAPTAINS CIRCLE	DESTIN, FL 32550
			600042077466 10/21/04--01062--006 **150.00
		REINSTATEMENT	2004

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

David B Miller

Date **10-18-04**

Daytime Phone # **8506508438**

Typed or printed name of signing Managing Member/Manager **DAVID B. MILLER**

CR2E041 (10/02)