PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000033411

1. Limited Liability Company's Name
Today's Holdings Management, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
6797 S.E. North Marina Way
Suite, Apt. #, etc.
City & State
Stuart, Florida
Zip 34996 Country

3. Mailing Office Address
4242 E. Amherst Ave
Suite, Apt. #, etc.
City & State
Denver, Colorado
Zip 80222 Country

4. State/Country of Formation Florida

5. Date Organized or Qualified To Do Business in Florida September 4, 2003

6. FEI Number [X] Applied For [X] 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
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.
City Plantation State FL Zip Code 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Connie Bryan Date 7/7/2015
REGISTERED AGENT MUST SIGN
Assistant Secretary

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Carrie Morgridge	6797 S.E. North Marina Way	Stuart, Florida 34996
Manager	John D. Morgridge	6797 S.E. North Marina Way	Stuart, Florida 34996

REINSTATEMENT
2009-2014

S. HAWKES
JUL -7 A.M.
EXAMINER

11. E-mail Address clockridge@aol.com
(To be used for future annual report notifications)

12. I certify that I am an Authorized Representative/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 605.0112 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; I also swear that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155 F.S.

Signature of Authorized Representative/Manager Date 7/6/15 Daytime Phone # 303-995-1258

Typed or printed name of signing Authorized Representative/Manager Carrie Morgridge

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LIMITED LIABILITY REINSTATEMENT
TODAY'S HOLDINGS MANAGEMENT, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,076.25

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