Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

**DE SUBMIT*

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Date of Submission 9/8

LIMITED LIABILITY REINSTATEMENT
TOTAL PROCESS SOLUTIONS, LLC

Certificate of Status	**0**
Certified Copy	**0**
Page Count	**04**
Estimated Charge	**$1,210.00**

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16 SEP 8 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000042637

1. Limited Liability Company's Name
TOTAL PROCESS SOLUTIONS, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1355 Peachtree Street NE		1355 Peachtree Street NE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 700		Suite 700	
City & State		City & State	
Atlanta, Georgia		Atlanta, Georgia	
Zip	Country	Zip	Country
30309	USA	30309	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
10/30/2003

6. FEI Number
38-3692723
☐ 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
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	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 Michael Brown Asst. Secretary Date 09/07/2016
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Charles A. Ansley	1355 Peachtree Street NE, Suite 700	Atlanta, Georgia 30309
MGR	Steven Hitchcock	1355 Peachtree Street NE, Suite 700	Atlanta, Georgia 30309
	REINSTATEMENT		
	2009-2016		

11. E-mail Address: steve.hitchcock@mcgpic.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 605, 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 605.0012, 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 am aware that false information submitted to a *Department of State constitutes a third degree felony as provided in* s. 817.155, F.S.

Signature of Authorized Representative/Manager [signature] Date 7 Sep 2016 Daytime Phone # 404 253 0033

Typed or printed name of signing Authorized Representative/Manager Steven Hitchcock

FL (10 - 01/28-30) Website Filing Online

S. HAWKES
SEP 12 A.M.
EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2016

C T CORPORATION SYSTEM

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SUBJECT: TOTAL PROCESS SOLUTIONS, LLC
REF: W16000061997

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

If you have any questions concerning the filing of your document, please call (850) 245-6052.

TANYA L HENDERSON
Regulatory Specialist II

FAX Aud. #: H16000223088
Letter Number: 516A00019204

RESUBMIT
Name with original filing
date of submission 9/8

Changed Fax Audit # Cover Sheet