

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000034388

1. Limited Liability Company's Name

TKO RENOVATIONS, LLC

2. Principal Office Address - No P.O. Box # 226 Cottonwood Blvd		3. Mailing Office Address 226 Cottonwood Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DeFuniak Springs, FL		City & State DeFuniak Springs, FL	
Zip 32433	Country USA	Zip 32433	Country USA

8. Name and Address of Current Registered Agent

Name
TIMOTHY D STANLEY

Street Address (Do Not Number Is Not Acceptable)
226 Cottonwood Blvd

Suite, Apt. #, Etc.

City
DeFuniak Springs

State
FL Zip
32433

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

Date

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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	TIMOTHY D STANLEY	226 Cottonwood Blvd	DeFuniak Springs, FL
MGRM	RONALD E HOPPEL	815 OAKRIDGE ROAD	FORT WALTON BEACH, FL 32547
		310090095553 03/03/07-01046--027	**150.00
		REINSTATEMENT	05-07

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 2-21-07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager *Timothy D Stanley*