

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 FEB 28 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CR2E041 (1/07)

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

4. State/Country of Formation
FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida 05/05/2004

6. FEI Number
20-1085308

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
TIMOTHY D STANLEY

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

Suite, Apt. #, Etc.

City
DeFuniak Springs

State
FL

Zip Code
32433

☒ 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.

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

2-21-07

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

300090085553
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