

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

100364807531

DOCUMENT # L04000036398

1. Limited Liability Company's Name  
TMS Company, LLC

100364807531  
07/15/21--01012--012 \*\*247.50  
100364807531  
04/23/21--01028--008 \*\*268.75

2. Principal Office Address - No P.O. Box # 305 Porpoise Point Dr.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Saint Augustine, FL		City & State	
Zip 32084	Country US	Zip	Country

CR2ED41 (1/14)

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name Melvin O Carter		
Street Address (P.O. Box Number is Not Acceptable) Suite, 305 Porpoise Point Dr.		
Apt. #, Etc.		
City Saint Augustine,	State FL	Zip Code 32084

R WHITE  
JUL 1 2021

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

Date 4/22/2021

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	CARTER, MELVIN O	305 PORPOISE POINT DR.	ST.AUGUSTINE, FL 32084
AR	CARTER, KEVIN A	305 PORPOISE POINT DR.	ST.AUGUSTINE, FL 32084
AR	Carter, Darren	305 PORPOISE POINT DR.	ST.AUGUSTINE, FL 32084

11. E-mail Address

(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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Melvin O Carter

Date

4/22/2021

Daytime Phone #

904-237-1932