FROM : BARBARA AND TOM MCLAUGHLIN [illegible] L04000044829

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 05, 2013 08:00 AM
Secretary of State

DOCUMENT # L04000044829

1. Limited Liability Company's Name
TJM properties

70024804265T
05/17/13 01004003 793.76

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
145 Clubhouse circle	145 clubhouse circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fairhope, Al	City & State: Fairhope, Al
Zip: 36532 Country: USA	Zip: 36532 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 6/14/2004

6. FEI Number: 20-13 13760 ☐ 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: Tim McLaughlin
Street Address (P.O. Box Number is Not Acceptable): 604 Bay cliffs Rd
Suite, Apt. #, Etc.:
City: Gulf Breeze State: FL Zip Code: 32561

E-mail Address: tom4UCLA@Yahoo.com
(To be used for future annual report notices)

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 [signature] Date 5-11-13
REGISTERED AGENT MUST SIGN

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	John T. McLaughlin	145 clubhouse circle	Fairhope, Al 36532
MGR	Barbara McLaughlin	145 clubhouse circle	Fairhope, Al 36532
MGR	Tim McLaughlin	604 Bay cliffs Rd	Gulf Breeze, Fl 32561
MGR	Dawn McLaughlin	604 Bay cliffs Rd	Gulf Breeze, Fl 32561

REINSTATEMENT 2009 - 2013 mp 6/5/13

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. 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 Managing Member/Manager [signature] Date 4/15/13 Daytime Phone # 251 928 7700

Typed or printed name of signing Managing Member/Manager