

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 27 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO5 0000 20167

1. Limited Liability Company's Name

Thomas Lynne Properties, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

10441 Oakview Pointe Terrace

Suite, Apt. #, etc.

City & State

Gotha, Florida

Zip

34734

Country

USA

3. Mailing Office Address

2582 South Maguire Rd.

Suite, Apt. #, etc.

Suite 134

City & State

Ocoee, Florida

Zip

34761

Country

USA

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

2/28/2005

6. FEI Number
20-2401568

☐ 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

Patrick L. Hancock

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

10441 Oakview Pointe Terrace

Suite, Apt. #, Etc.

City

Gotha

State

FL

Zip Code

34734

☐ 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

Patrick L. Hancock

REGISTERED AGENT MUST SIGN

Date **7-11-08**

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
MGR	Patrick L. Hancock	10441 Oakview Pointe Terrace	Gotha/FL/34734
			000134473390
			08/14/08--01042--003 **377.50

REINSTATEMENT 07-08

BA

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

Patrick L. Hancock

Date **7-11-08**

Daytime Phone # **407.625.2237**

Typed or printed name of signing Managing Member/Manager

Patrick L. Hancock