

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -4 PM 12:37

DOCUMENT # L 05 00 00 26235

1. Limited Liability Company's Name

Thames Properties

CR2E041 (1/07)

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

674 Killian Cir

Suite, Apt. #, etc.

3. Mailing Office Address

674 Killian Cir

Suite, Apt. #, etc.

City & State

Deltona, FL

City & State

Deltona, FL

Zip

32738

Country

Volusia

Zip

32738

Country

Volusia

4. State/Country of Formation

Volusia

5. Date Organized or Qualified
To Do Business in Florida

2005

6. FEI Number

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

DONNA BELLINGHAM

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

674 Killian Cir

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32738

☐ 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

Dj Bellingham

REGISTERED AGENT MUST SIGN

Date Oct 2, 2007

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	DONNA BELLINGHAM	674 Killian Cir Deltona, FL	Deltona, FL 32738
Mgr	SKYE BELLINGHAM	674 Killian Cir	Deltona, FL 32738
300110746943 10/12/07--01071--014 **200.00			
REINSTATEMENT BT			
2006-2007			

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

Dj Bellingham

Date Oct 2, 2007

Daytime Phone # 386-860-5309

Typed or printed name of signing Managing Member/Manager

DONNA BELLINGHAM