

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 OCT 29 PM 1:30

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000044467

1. Limited Liability Company's Name

TSI HOLDINGS, LLC

**REINSTATEMENT** 07-08

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 6740 BROADWAY AVE Suite, Apt. #, etc. SUITE D City & State JACKSONVILLE, FL Zip 32254		<b>3. Mailing Office Address</b> Suite, Apt. #, etc. City & State City & State Zip Country	
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<b>4. State/Country of Formation</b> FLORIDA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 05/05/2005	
<b>6. FEI Number</b> 30-0055198	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>		
Name WILLIAM N. KIRK, ESQ.		
Street Address (P.O. Box Number is Not Acceptable) 979 Beachland Blvd.		
Suite, Apt. #, Etc.		
City Vero Beach, FL 32963	State FL	Zip Code 32963

☐ 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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 7-30-08

**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	WARNER COPELAND	6740 BROADWAY AVE., STE. D	JACKSONVILLE, FL 32254
MGR	MICHAEL S. ANDERSON	7962 MONTEREY BAY DR. S.	JACKSONVILLE, FL 32256

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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

*[Signature]*

Date

10/23/08

Daytime Phone # 904-501-7929

Typed or printed name of signing Managing Member/Manager

MICHAEL S. ANDERSON, MANAGER