

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -5 AM 10:46

DOCUMENT # **L05000064252**

1. Limited Liability Company's Name

TIMOTHY SCHOFIELD LLC

000180262290
05/04/10--01044--002 **660.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 2114 Williams Road		3. Mailing Office Address 58 Initial Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DeFuniak Springs FL		City & State Santa Rosa Beach FL	
Zip 32433	Country USA	Zip 32459	Country USA

4. State/Country of Formation Florida / USA	
5. Date Organized or Qualified To Do Business in Florida 6/28/2005	
6. FEI Number 2030 826 88	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Daphne Wiggins Martin			
Street Address (P.O. Box Number is Not Acceptable) 58 Initial Lane			
Suite, Apt. #, Etc.			
City Santa Rosa Beach		State FL	Zip Code 32459

☐ 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 Daphne Wiggins Martin	Date 29 April 10
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	Timothy Schofield	2114 Williams Road	DeFuniak Springs FL 32433

REINSTATEMENT **2007-10**

11. E-mail Address: martinpropinc@mchsi.com <small>(To be used for future annual report notifications)</small>	
12. 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 Timothy A. Schofield	Date 30 April 10 Daytime Phone # 850-951-3427
Typed or printed name of signing Managing Member/Manager Timothy Schofield	