

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -3 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000084996

1. Limited Liability Company's Name

TSI Investments, LLC

500162080485
10/23/09--01040--012 **377.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
1507 N Palafox St.

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL. 32501

City & State

Zip
32501

Country
USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/26/2005

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

William R Mitchell

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

1507 N Palafox St.

Suite, Apt. #, Etc.

City
Pensacola

State
FL

Zip Code
32501

☐ 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

William R Mitchell

Date October 22, 2009

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	George E Brown Jr.	2745 Nadoran Avenue	Pensacola, FL. 32526
MGRM	Robert L Morrow Jr.	9171A Cove Avenue	Pensacola, Fl. 32534

REINSTATEMENT 08-09

ABruce

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

George E Brown Jr.

Date 10/22/09 Daytime Phone # 850-324-2976

Typed or printed name of signing Managing Member/Manager

George E Brown Jr.