

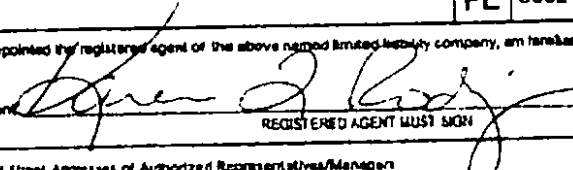
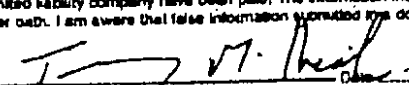
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2020 OCT 22 AM 9:03

FILED

STATE
TALLAHASSEE, FL

CR2ED41 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L005000115683			
1. Limited Liability Company's Name TMS, LLC			
2. Principal Office Address - No P.O. Box # 1500 Sand Lake Road		3. Mailing Office Address 1500 Sand Lake Road	
Suite, Apt. #, etc. 2nd Floor		Suite, Apt. #, etc. 2nd Floor	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32809	Country USA	Zip 32809	Country USA
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida 12/05/2005			
6. FE Number 20-3911839		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 CT Corporation System Street Address (P.O. Box Number is Not Acceptable) Suite 1200 South Pine Island Road Apt. # Etc. City Plantation			
		State FL	Zip Code 33324
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 10/21/2020 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Terry M. Shaikh	1500 Sand Lake Road, 2nd Floor	Orlando, FL 32809
11. E-mail Address abarrett@edinburghmgmt.com (To be used for such annual report notifications)			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted on this document to the Department of State constitutes a third degree felony as provided for in s. 817.158, F.S.			
Signature of authorized representative/member 		Daytime Phone # 407 816 5091	
Typed or printed name of signing authorized representative/member Terry M. Shaikh			

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\$1,626.25