PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2020 OCT 22 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L005000115683

1. Limited Liability Company's Name
TMS, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1500 Sand Lake Road	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. FEI Number: 20-3911839 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee is required for a certificate of status

400354146104
10/22/20 01001 029
$1,626.25

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: [signature] Date: 10/21/2020

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	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 future annual report notification)

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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: [signature] Date: Daytime Phone #: 407 816 5091

Typed or printed name of signing authorized representative/member: Terry M. Shaikh