PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2018 OCT 24 AM 10:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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10/24/18--01018--023 **1101.23

DOCUMENT # L07000004740

1. Limited Liability Company's Name

~~LTL Company, LLC~~
(~~formerly known as~~ L.A.M., LLC) ~~- see attached amendment~~

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4320 W. Kennedy Blvd	4940 St. Croix Drive
Suite Apt #, etc: 100	Suite Apt #, etc:
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33609 / Country: USA	Zip: 33629 / Country: USA

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: 1/12/2007

6. FEI Number: ☐ Applied For ☑ Not Applicable

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

RFR - 2012-2018

M MILLIGAN
OCT 30 2018

$10.71.23

8. **Name and Address of Current Registered Agent**

Name: Lyda D. Tymiak

Street Address (P.O. Box Number is Not Acceptable) Suite: 4940 St. Croix Drive

Apt # Etc:

City: Tampa | State: FL | Zip Code: 33629

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: Lyda D. Tymiak Date: 10/17/18

Lyda D. Tymiak
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
AR	Lyda D. Tymiak	4940 St Croix Dr	Tampa, FL 33629
MGR	Erin R. Williams	4320 W. Kennedy Blvd. Suite 100	Tampa, FL 33609

11. E-mail Address: erin@lindellinvestments.com
(To be used for future 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 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: Erin Williams Date: 10/17/18 Daytime Phone #: 813-286-3800

Typed or printed name of signing authorized representative/member: Erin R. Williams