

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 OCT 14 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000076041

1. Limited Liability Company's Name

TY F. REALTY HOLDINGS, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #  
8801 SOUTH INDIAN RIVER DRIVE

3. Mailing Office Address  
3700 OKEECHOBEE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
FORT PIERCE, FLORIDA

City & State  
FORT PIERCE, FLORIDA

Zip Country  
34982 USA

Zip Country  
34947 USA

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida 7/23/2007

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  
SARAH E. FENDER

Street Address (P.O. Box Number is Not Acceptable)  
8801 SOUTH INDIAN RIVER DRIVE

Suite, Apt. #, Etc.

City  
FORT PIERCE

State Zip Code  
FL 34982

☐ 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

*Sarah E. Fender*

Date

10/7/09

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
MGR	SARAH E. FENDER	8801 SOUTH INDIAN RIVER DRIVE	FORT PIERCE, FL 34982

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

*Sarah E. Fender*

Date

10/7/09

Daytime Phone #

772-878-2069

Typed or printed name of signing Managing Member/Manager