

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 APR -9 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

LD8000000819

1. Limited Liability Company's Name

T14 Properties, LLC

100175189771
04/09/10--01036--021 **521.25
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

6232 Pasadena Port Blvd

3. Mailing Office Address

606 Piedmont Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2A

City & State

Gulfport, FL

City & State

Catonsville, MD

Zip

33707

Country

USA

Zip

21228

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business In Florida

1/2/08

6. FEI Number

26-1673701

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

Jeffrey Miller

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

6232 Pasadena Port Blvd

Suite, Apt. #, Etc.

City

Gulfport

State

FL

Zip Code

33707

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/5/10

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
MEM	Jeffrey M. Miller		
MEM	Alvin Schuster	10906 Park Heights Ave Dwight Mills, MD 21117	

REINSTATEMENT 09-2010

11. E-mail Address: *maciac@artisticassociates.com*

(To be used for future annual report notifications)

12. 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 608.408, 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

[Signature]

Date 4/5/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager