PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2013 AUG 20 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000028712

1. Limited Liability Company's Name
TW Marina Oaks Management, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
219 Senic Drive, Unit 1620	705 Nottingham Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar, FL	City & State: Oxford/MS
Zip: 32550 Country: US	Zip: 38655 Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3/24/2009

6. FEI Number: [ ] Applied For [X] 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): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

E-mail Address:

500250902055
08/20/13--01027--013 **655.00

tnwade71@gmail.com

(To be used for future annual report notices)

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 CT Corporation System By: James M. Halpin Assistant Secretary Date 08/14/2013

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member(s)/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
	Todd Wade	705 Nottingham Drive	Oxford/MS/38655

REINSTATEMENT

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 608.408, 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. 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 Managing Member/Manager Todd Wade Date 8-15-13 Daytime Phone # 662.701.8965

Typed or printed name of signing Managing Member/Manager: Todd Wade

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