

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # I10000045236

1. Limited Liability Company's Name

TLH Realty, LLC

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

15015 Friendship Lane

Suite, Apt. #, etc

City & State

Tallahassee, FL

Zip

32309

Country

USA

3. Mailing Office Address

315 Land St.

Suite, Apt. #, etc

City & State

Eastpoint, FL

Zip

32328

Country

USA

8. Name and Address of Current Registered Agent

Name

Catherine E. Korfanty

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

315 Land St.

Apt. #, Etc

City

Eastpoint

State

FL

Zip Code

32328

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

REGISTERED AGENT MUST SIGN

Date

1/5/16 2/5/16

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
Res. Agent	Catherine E. Korfanty same as above	315 Land St Eastpoint	Eastpoint FL 32328

REINSTATEMENT

2013-2016

11. E-mail Address: ckorfanty@gmail.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

Date

1/5/16

Daytime Phone #

850 510-8009

Typed or printed name of signing authorized representative/member

Catherine E. Korfanty

FILED

16 FEB 11 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

4/28/2010

5. Date Organized or Qualified
To Do Business in Florida

4/28/16

6. FEI Number

27-2500128

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

400282074014
02/11/16--01021--023 **\$655.00