

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2017 OCT -2 11:10:32

DOCUMENT # L11000144574

Limited Liability Company's Name

The Thompson Group of Tallahassee, LLC

Principal Office Address - No P.O. Box #

1614 Wekewa Nene
TALLAHASSEE FL 32301

Suite, Apt. #, etc.

3. Mailing Office Address

1614 Wekewa Nene
TALLAHASSEE FL 32301

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32301

Country

Leon

Zip

32301

Country

Leon

4. State/Country of Formation

FL US

5. Date Organized or Qualified
To Do Business in Florida

01-01-2012

6. FEI Number

45-4115978

☐ 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 Andrew L. Thompson

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

1614 Wekewa Nene

Suite, Apt. #, Etc.

City Tallahassee

State

FL

Zip Code

32301

700304088117
10/02/17--01006--003 **243.75

Thompsonat@yahoo.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 605, F.S.

Signature of
Registered Agent

Andrew L. Thompson

Date 10-2-17

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGRM	Andrew L. Thompson	1614 Wekewa Nene	Tallahassee, FL 32301

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person

Andrew L. Thompson

Date 10-2-17

Daytime Phone # 850-510-8889

Typed or printed name of signing Authorized Person