

# L96000000419

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 MAY -8 AM 8:22

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000419

1. Limited Liability Company's Name

T+L Storage L.C.

2. Principal Office Address

13451 Hwy. 89

Suite, Apt. #, etc.

N/A

City & State

Jay, Florida

Zip

32565

Country

USA

3. Mailing Office Address

P.O. Box 828

Suite, Apt. #, etc.

N/A

City & State

Jay, Florida

Zip

32565

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

April 8, 1996

6. FEI Number

59-3398807

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

Larry Baxley

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

12825 Hwy. 197

Suite, Apt. #, Etc.

N/A

City

Jay

State

FL

Zip Code

32565

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 5/1/03

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
MGRM	Larry Baxley	12825 Hwy. 197	Jay, FL. 32565
MGRM	Thomas Henry	7007 Pro Am Court	Navarre, FL. 32566

REINSTATEMENT 1997-03

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

*[Signature]*

Date 5/1/03

Daytime Phone #

(850) 675-4459

Typed or printed name of signing Managing Member/Manager

Larry Baxley

CR2E041 (10/02)