

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

17 OCT 26 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000262

1. Limited Liability Company's Name

TSI PROPERTY, L.C.

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

15451 SWEETWATER CT

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

Zip

Country

33912

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

ROY W. FOXALL, ESQ.

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

2429 FIRST ST.

Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33901

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

1/15/99

6. FEI Number

65-0888181

1. Applied For

1. Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

400303830054  
09/06/17--01004--003 \*\*1235.00

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 8/31/17

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
GR	GLENN E. CAUDILL	15451 SWEETWATER CT	FORT MYERS/FL/33912

E-mail Address ROY. FOXALL @ COMCAST. NET

(To be used for future annual report notifications)

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 .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 will 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

*[Signature]*

Date 8/31/17

Daytime Phone # 239 461 0065

Printed name of signing authorized representative/member

ROY W. FOXALL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2017

ROY W FOXALL, ESQ  
2429 FIRST STREET  
FORT MYERS, FL 33901

SUBJECT: TSI PROPERTY, L.C.  
Ref. Number: L99000000262

We have received your document for TSI PROPERTY, L.C. and your check(s) totaling \$1235.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

REINSTATEMENT CAN NOT BE FILED UNTIL NAME CHANGE AMENDMENT IS PROCESSED

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 317A00018550