M00000001683

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 30 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000001683

1. Limited Liability Company's Name
TI Sub GP, LLC

10/4/02

500026321025
01/07/04--01020--009 **200.00

2. Principal Office Address	3. Mailing Office Address
3819 Towne Crossing Blvd.	Same
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.
City & State: Mesquite, TX	City & State
Zip: 75150 Country: USA	Zip Country

4. State/Country of Formation: Texas

5. Date Organized or Qualified To Do Business in Florida: 8/23/00

6. FEI Number: 752894224 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

500026321025
01/07/04 01020 009 **5.00

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date: 12/30/2003

CR2E041 (10/02)

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
VP	J. Wynne Breeden	3819 Towne Crossing Blvd #100	Mesquite, TX 75150
VP	David Breeden	"	"
Sec/Treas	Jerry Biediger	"	"
	DJC		
	REINSTATEMENT 2002-2003		

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: _____ Daytime Phone # 972/2240072

Typed or printed name of signing Managing Member/Manager: Jerry Biediger