

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 SEP 14 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M06000000840**

1. Limited Liability Company's Name

TIC ORLANDO R 4, LLC

600160670396  
09/15/09--01009--005 \*\*416.25  
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #  
6363 WOODWAY DRIVE

Suite, Apt. #, etc.

SUITE 110

City & State

HOUSTON, TX

Zip

77057

Country

USA

3. Mailing Office Address

1201 HAYS STREET

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32301

Country

USA

4. State/Country of Formation

DELAWARE/USA

5. Date Organized or Qualified

To Do Business in Florida 02/14/2006

6. FEI Number

20-4428343

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Date

REGISTERED AGENT MUST SIGN

**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	SUE D. ORVIK TRUST	134 HAVEN HILL COURT	DANVILLE, CA 94526

REINSTATEMENT

07-09

09-15-09

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

Date

August 26, 2009

Phone

(915) 890-7069

Typed or printed name of signing Managing Member/Manager

SUE D. ORVIK, TRUSTEE