


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 NOV -2 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/03/09--01003--012 \*\*516.25  
CR2E041 (10/08)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M06000000882

1. Limited Liability Company's Name


TIC ORLANDO 1, LLC

2. Principal Office Address - No P.O. Box # 8363 WOODWAY DRIVE Suite, Apt. #, etc. SUITE 110 City & State HOUSTON, TX Zip 77057		3. Mailing Office Address 1201 HAYS STREET Suite, Apt. #, etc. City & State TALLAHASSEE, FL Zip 32301	
Country USA		Country USA	

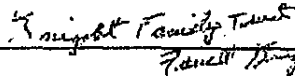
4. State/Country of Formation DELAWARE	
5. Date Organized or Qualified To Do Business in Florida 02/2006	
6. FEI Number 20-4558560	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee Required for a Certificate of Status	

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 9/25/09

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Knight Family Trust	491 East Lower River Road	Kamas, UT 84036

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 608.408, 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 9-10-09	
Typed or printed name of signing Managing Member/Manager Knight Family Trust		Daytime Phone # 435-783-4841	

REINSTATEMENT 07-09  
OR 11-3-09