

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000006860

1. Limited Liability Company's Name

TIC ALTAMONTE SHS 2, LLC

600139535046
02/10/09--01013--007 **237.90

600139535046
01/06/09--01012--012 **278.35

CR2E041 (10/08)

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

6363 Woodway

3. Mailing Office Address

6363 Woodway

Suite, Apt. #, etc.

110

Suite, Apt. #, etc.

110

City & State

Houston, TX

City & State

Houston, TX

Zip

77057

Country

USA

Zip

77057

Country

USA

4. State/Country of Formation

Delaware/USA

5. Date Organized or Qualified

To Do Business in Florida 12/12/2006

6. FEI Number

☐ 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

Please see attached.

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	Timothy A. Edwards	526 River Run Lane	Millboro, VA24460
		616 W. Frederick ST	Staunton VA 24401
	REINSTATEMENT 2007-2009		

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

Timothy A. Edwards

Date

2/4/09

Daytime Phone #

540-292-5226

Typed or printed name of signing Managing Member/Manager

Please see attached.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FEB 10 PM 2:32

TIC Altamonte SHS 2, LLC, a Delaware limited liability company

By: TA Edwards
Timothy A. Edwards, an individual, its sole member



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 FEB 10 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 29, 2009

TIC ALTAMONTE SHS 2, LLC
6363 WOODWAY - 110
HOUSTON, TX 77057

SUBJECT: TIC ALTAMONTE SHS 2, LLC
Ref. Number: M06000006860

We have received your document for TIC ALTAMONTE SHS 2, LLC and check(s) totaling \$278.35. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$237.90. Refer to the attached fee schedule for a *breakdown of the fees*. Please return a copy of this letter to ensure your money is properly credited.

The reinstatement must be signed by the registered agent in accordance with Section 608.4482, F.S..

Please return 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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 709A00000824



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2009

TIC ALTAMONTE SHS 2, LLC
6363 WOODWAY - 110
HOUSTON, TX 77057

SUBJECT: TIC ALTAMONTE SHS 2, LLC
Ref. Number: M06000006860

We have received your document for TIC ALTAMONTE SHS 2, LLC and check(s) totaling \$278.35. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$99.15. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The reinstatement must be signed by the registered agent in accordance with Section 608.4482, F.S..

Please return 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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 709A00000824