

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 AUG 10 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06052009 REIN-LLC CR2E101 (1/07)

DOCUMENT # M07000002791					
1. Entity Name TIC TPS MIAMI B, LLC					
Principal Place of Business 6363 WOODWAY, SUITE 110 HOUSTON, TX 77057-1714			Mailing Address 6363 WOODWAY, SUITE 110 HOUSTON, TX 77057-1714		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-0271398	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Maureen Cullen</i>		Maureen Cullen, APR		8/11/09	
FILE NOW!!! FEE IS \$377.50		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BIENENFELD, MILTON TRUSTEE 15480 ANTIOCH STREET, #102 PACIFIC PALISADES, CA 90272	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P.O. Box 671 PACIFIC PALISADES, CA 90272	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	000158014590 06/30/09-01046-008 ***337.50	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.					
SIGNATURE: <i>Milton Bienenfeld</i>			6/12/09 310-2301275		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					