

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 21 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M07000002791

1. Limited Liability Company's Name

TIC TPS MIAMI 8, LLC

CR2E041 (05/10)

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

6363 WOODWAY DRIVE

Suite, Apt. #, etc.

SUITE 110

City & State

HOUSTON, TX

Zip

77057-1714

Country

USA

3. Mailing Office Address

6363 WOODWAY DRIVE

Suite, Apt. #, etc.

SUITE 110

City & State

HOUSTON, TX

Zip

77057-1714

Country

USA

4. State/Country of Formation

DELAWARE/USA

5. Date Organized or Qualified

To Do Business in Florida **05/10/2007**

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

32301-2525

300183489503
07/21/10--01002--009 **238.75

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

Elizabeth A. Stryz
Elizabeth A. Stryz, Assistant VP
REGISTERED AGENT / MUST SIGN

Date

7/9/10

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	BIENENFELD, MILTON, TRUSTEE	15480 ANTIOCH STREET, #102	PACIFIC PALISADES, CA 90272

11. E-mail Address: **mickeybeanie@yahoo.com**

(To be used for future annual report notifications)

12. 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

Milton Bienenfeld

Date

7/9/10

Daytime Phone #

310-2301275

Typed or printed name of signing Managing Member/Manager **MILTON BIENENFELD**