M08000003401

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 29 AM 1:00

900215658429

CR2E041 (1/11)

DOCUMENT # M08000003401

1. Limited Liability Company's Name

Thompson National Properties, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1900 Main Street		1900 Main Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 700		Suite 700	
City & State		City & State	
Irvine, CA		Irvine, CA	
Zip	Country	Zip	Country
92614	USA	92614	USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida 07/21/2008

6. FEI Number
261906960
☐ 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	State	Zip Code
Tallahassee	FL	32301

E-mail Address:

(To be used for future annual report notices)

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 Stephanie Milnes Date 12/29/2011
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
MGR	Anthony W. Thompson	1900 Main St., Ste 700	Irvine, CA 92614

REINSTATEMENT 2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Date 12/29/11 Daytime Phone # 949-833-8252

Typed or printed name of signing Managing Member/Manager ANTHONY W. THOMPSON

CSC.

CORPORATION SERVICE COMPANY

M08000033401

ACCOUNT NO. : I20000000195

REFERENCE : 044945 7638559

AUTHORIZATION Lynn Coleman

COST LIMIT : $ 238.75

ORDER DATE : December 29, 2011

ORDER TIME : 4:02 PM

ORDER NO. : 044945-005

CUSTOMER NO: 7638559

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 29 AM 1:00

REINSTATEMENT

NAME: THOMPSON NATIONAL PROPERTIES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
11 DEC 29 PM 4:14

BK