

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 JUL 27 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M09000001274

1. Limited Liability Company's Name

TNP Property Manager, LLC

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

1900 Main St

Suite, Apt. #, etc.

Ste 700

City & State

Irvine CA

Zip

92614

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified

To Do Business in Florida 9/29/2008

6. FEI Number

80-0277253

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)

Tallahassee

Suite, Apt. #, Etc.

32301

City

State

FL

Zip Code

E-mail Address:

800210428198

bc@tnpre.com

(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

Troy Todd
as its agent

Date 7/26/2011

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	Thompson National Properties	1900 Main St Ste 700	Irvine CA 92614
Mgr	Anthony W Thompson	1900 Mian St Ste 700	Irvine CA 92614

REINSTATEMENT 10-11

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 7/25/2011

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Jack R Maurer- Vice Chairman of Thompson National Properties, LLC



CORPORATION SERVICE COMPANY

FILED

2011 JUL 27 AM 10:38

ACCOUNT NO. : I20000000195 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REFERENCE : 858498 7638559

AUTHORIZATION :

COST LIMIT : \$ 377.50

ORDER DATE : July 26, 2011

ORDER TIME : 4:05 PM

ORDER NO. : 858498-005

CUSTOMER NO: 7638559

RECEIVED
11 JUL 27 AM 10:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: TNP PROPERTY MANAGER, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____