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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

13 JUL 26 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900250190289

CR2E041 (1/11)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #**

1. Limited Liability Company's Name  
M11000006431  
Florida 8888, LLC

2. Principal Office Address - No P.O. Box # 3151 Airway Ave		3. Mailing Office Address 3151 Airway Ave	
Suite, Apt. #, etc. Suite G3		Suite, Apt. #, etc. Suite G3	
City & State Costa Mesa, CA		City & State Costa Mesa, CA	
Zip 19808	Country USA	Zip	Country

4. State/Country of Formation

DE/USA

5. Date Organized or Qualified  
To Do Business in Florida 12/12/11

6. FEI Number  
30-0711410

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

E-mail Address:

m.cruz@tmpr.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



Sue G. Knight  
Assistant Vice President

7-26-13

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	Domani Capital Group, LLC	8603 Misty Springs Ct.	Tampa, FL 33635
mgr	Thompson National Properties, LLC	3151 Airway Ave, Suite G3	Costa Mesa, CA 92626

REINSTATEMENT 12-13

JUL 26 2013

T. SCOTT

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

7/26/13

Daytime Phone #

714-856-0600

Typed or printed name of signing Managing Member/Manager

Anthony W. Thompson



CORPORATION SERVICE COMPANY

Page 2 of 2

ACCOUNT NO. : I20000000195

REFERENCE : 740835 7638559

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 377.50

ORDER DATE : July 26, 2013

ORDER TIME : 2:58 PM

ORDER NO. : 740835-005

CUSTOMER NO: 7638559

REINSTATEMENT

NAME: FLORIDA 8888, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
13 JUL 26 PM 4:19