

10/2

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
TALLAHASSEE, FLORIDA

04 AUG -2 AM 11:18

DOCUMENT # L 00000000 4568

1. Limited Liability Company's Name

Willmon Homestead, LLC

2. Principal Office Address

6000 Millers Landing
Suite, Apt. #, etc.

Cove Road

City & State

Tallahassee FL

Zip

32312

Country

U.S.A.

3. Mailing Office Address

6000 Millers Landing Cove
Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32312

Country

U.S.A.

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

4-20-2002

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

Betty Willmon Niedoroda

Street Address (P.O. Box Number is Not Acceptable)

6000 Millers Landing Cove Rd.

Suite, Apt. #, Etc.

200039791822

08/02/04--01079--002 **100 00

City

Tallahassee

State

FL

Zip Code

32312

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

Betty Willmon Niedoroda

REGISTERED AGENT MUST SIGN

Date

July 30, 2004

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	Betty Willmon Niedoroda	6000 Millers Landing Cove Road	Tallahassee, FL 32312

REINSTATEMENT

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.

Signature of

Managing Member/Manager

Betty Willmon Niedoroda

Date

7/30/04

Daytime Phone #

850 668 4929

Typed or printed name of signing Managing Member/Manager

Betty Willmon Niedoroda

CR2E041 (10/02)

July 30

The purpose of this letter is to inform you that I did not receive notice about this LLC in the year 2003. Therefore, I am requesting reinstatement for Willmon Homestead LLC.

Sincerely,
Betty Willmon Niederoda