

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  
05 NOV -8 AM 9:26

DOCUMENT # **L02000027403**

1. Limited Liability Company's Name  
**Azalea Trailer Court, LLC**  
**10097 Cleary Blvd #277**  
**Plantation, FL 33324**

2. Principal Office Address  
**601 SW 27th Ave**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**10097 Cleary Blvd #277**  
Suite, Apt. #, etc.

City & State  
**Ft. Lauderdale FL**

City & State  
**Plantation FL**

Zip Country  
**33312 USA**

Zip Country  
**33324 USA**

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified To Do Business in Florida  
**10/16/02**

6. FEI Number  
**04-3723040**

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name  
**Robert Halliday**

Street Address (P.O. Box Number is Not Acceptable)  
**10097 Cleary Blvd**

Suite, Apt. # Etc.  
**#277**

City  
**Plantation FL 33324**

State  
**FL**

Zip Code

**REINSTATEMENT 2005**

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 **[Signature]** Date \_\_\_\_\_  
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
<b>MEM</b>	<b>Robert Halliday</b>	<b>10731 Hawks Vista</b>	<b>Plantation FL 33342</b>

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11/08/05--01038--004 \*\*50.00

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 **[Signature]** Date \_\_\_\_\_ Daytime Phone# \_\_\_\_\_  
Typed or printed name of signing Managing Member/Manager **Robert Halliday**