

# L10000107472

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 JAN 3 PM 1:41

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L10000107472

1. Limited Liability Company's Name  
**THE 301 AT 333 WEST CHURCH STREET STATION, LLC**

800216598938  
01/05/12--01022--010 \*\*239.75  
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #  
**333 WEST CHURCH STREET**

3. Mailing Office Address  
**333 WEST CHURCH STREET**

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

**ORLANDO, FLORIDA**

**ORLANDO, FLORIDA**

Zip Country  
**32801 US**

Zip Country  
**32801 US**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**10/14/2010**

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  
**JAMEIL C. McWHORTER**

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

**215 NORTH EOLA DRIVE**  
Suite, Apt. #, Etc

City  
**ORLANDO**

State Zip Code  
**FL 32801**

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

Date **12/30/11**

REGISTERED AGENT MUST SIGN **JAMEIL C. McWHORTER**

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>MGR</b> | <b>WILLIE FISHER</b>              | <b>333 WEST CHURCH STREET</b>                  | <b>ORLANDO, FLORIDA 32801</b> |
|            |                                   |  |                               |
|            |                                   |  |                               |
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|            |                                   |  |                               |

## REINSTATEMENT

*WLF* 2011

*postmarked 12/30/11*

**3 Ticklock** JAN 09 2012

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 **12/30/11** Daytime Phone #

Typed or printed name of signing Managing Member/Manager **WILLIE FISHER, MANAGER**