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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 MAR 16 PM 1:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L98000002311

Name and Mailing Address

0001266 01 AT 0,292 **AUTO T7 1 0615 32114-344699

PORT ORANGE PROPERTIES, L.C.
1030 W. INTERNATIONAL SPEEDWAY BOULEVARD
SUITE 201
DAYTONA BEACH FL 32114-3446

US

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 10/20/1998

Principal Place of Business
1030 W. INTERNATIONAL SPEEDWAY BOULEVARD
SUITE 201
DAYTONA BEACH FL 32114
US

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 59-3555957 ☐ 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**

TOWER, DEVIN
1030 W. INTERNATIONAL SPEEDWAY BOULEVARD
DAYTONA BEACH FL 32114

9. **Name and Address of New Registered Agent**

Name

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

City FL Zip Code

10. 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 REQUIRED Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	TOWER, DEVIN	1030 W. INTERNATIONAL SPEEDWAY BOULEVARD	DAYTONA BEACH FL 32114
		000030579570 03/16/04--01104--005 **200.00	
		REINSTATEMENT 2003-04	

12. 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/Manage SIGNATURE REQUIRED Date 3/7/2004 Daytime Phone # 386-238-3600

Typed or printed name of signing Managing Member/Manager Devin Tower, Member