

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 20 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L 99 00000 2298**

1. Limited Liability Company's Name

**CENTENNIAL AMERICAN PROPERTIES-FLORIDA, LLC**

000004716830--7

-12/10/01--01083--020

\*\*\*\*\*100.00 \*\*\*\*\*100.00

000004716830--7

-12/10/01--01083--021

\*\*\*\*\*50.00 \*\*\*\*\*50.00

2. Principal Office Address

**3105 SAWGRASS VILLAGE  
CIRCLE**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PONTE VEDRA BEACH, FL.**

City & State

Zip

**32082**

Country

Zip

Country

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**1999**

6. FEI Number

**59-3574998**

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

**F&L Corp.**

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

**200 LAURA ST.**

Suite, Apt. #, Etc.

City

**JACKSONVILLE**

State

Zip Code

**FL**

**32202-3520**

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

**Charles V. Hendrix**

REGISTERED AGENT MUST SIGN

Date

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	DAVID W. GLENN	131 FALLS ST, Suite 100	GREENVILLE, SC 29601
MGR	JEFFRIE L HOOD	3105 SAWGRASS VILLAGE CIRCLE	PONTE VEDRA BEACH, FL. 32082

**REINSTATEMENT**

**OTC**  
**dec**

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

**David W. Glenn**

Date **10-15-01**

Daytime Phone #

**864-271-3894**

Typed or printed name of signing Managing Member/Manager