

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

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DOCUMENT # MO2000001277

1. Limited Liability Company's Name

WOODPLAY OF ORLANDO, LLC

20006841362  
02/28/06--01060--012 \*\*250.00

CR2E041 (8/05)

2. Principal Office Address <u>11459 BEACH BLVD</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>11459 BEACH BLVD.</u> Suite, Apt. #, etc.		4. State/Country of Formation <u>N.C./KYAKE</u>	
City & State <u>JACKSONVILLE FLA</u>		City & State <u>JACKSONVILLE FLA</u>		5. Date Organized or Qualified To Do Business in Florida <u>05/13/2002</u>	
Zip <u>32246</u>	Country <u>USA</u>	Zip <u>32246</u>	Country <u>USA</u>	6. FEI Number <u>020562767</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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

Name <u>ALBERT DINQUEL</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>11459 BEACH BLVD</u>		
Suite, Apt. #, Etc.		
City <u>JACKSONVILLE</u>	State <u>FL</u>	Zip Code <u>32246</u>

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 Albert Dinkel Date 2-06-06  
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
<u>MGRM</u>	<u>JAMES W. SALLY</u>	<u>2101 HARROD ST</u>	<u>RALEIGH, N.C. 27604</u>
<u>MGR</u>	<u>JOHN L. SALLY, JR</u>	<u>2101 HARROD ST</u>	<u>RALEIGH, NC. 27604</u>

REINSTATEMENT 04-06

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 James W. Sally Date 2/7/06 Daytime Phone # 919/875-4499

Typed or printed name of signing Managing Member/Manager JAMES W. SALLY