

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

08 MAR 25 AM 10:26

CR2E041 (12/07)

DOCUMENT # 204 000001098

1. Limited Liability Company's Name

MAGNOLIA AVE LLC

1008-13849

2. Principal Office Address - No P.O. Box #

901 S. MAGNOLIA AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

901 S. MAGNOLIA AVE.

Suite, Apt. #, etc.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
84-167611

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

SANFORD, FL

City & State

SANFORD, FL

Zip

32771

Country

USA

Zip

32771

Country

USA

8. Name and Address of Current Registered Agent

Name

Linda Daniels

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

901 S. MAGNOLIA AVE.

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32771

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Linda Daniels MDRM

Date Feb. 29, 08

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>MDR</u>	<u>Colin Y. Daniels</u>	<u>38 PUGET DR</u>	<u>STEILACOOM, WA 98388</u>
<u>MDR</u>	<u>Jasmine T. Daniels</u>	<u>38 PUGET DR</u>	<u>STEILACOOM, WA 98388</u>
<u>MDR</u>	<u>Neville A. Daniels</u>	<u>901 S. MAGNOLIA AVE.</u>	<u>SANFORD, FL 32771</u>
			<u>500119397045</u> <u>03/05/08--01003--014 **416.25</u>
		REINSTATEMENT	
		<u>WOP</u> <u>06-08</u>	

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

2/21/08

Daytime Phone # 253-426-3800

Typed or printed name of signing Managing Member/Manager

Colin Y. Daniels