

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 18 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

L0000000 2403

STANDARD PROPERTY COMPANY UK, L.L.C.

2. Principal Office Address

9007 SOUTHERN BREEZE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32836

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/02/00

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEVE PARMEE

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

9007 SOUTHERN BREEZE DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32836

900036546979

05/18/04--01036--021 **1200.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

S. Parmee

Date 05/05/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGR	RAY SMITH	9007 SOUTHERN BREEZE DR.	ORLANDO, FL 32836
MGR	STEVE PARMEE	9007 SOUTHERN BREEZE DR.	ORLANDO, FL 32836
MGR	SUSAN PARMEE	9007 SOUTHERN BREEZE DR.	ORLANDO, FL 32836

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/05/04

Date

407 345 0675

Daytime Phone #