

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN 10 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Whether the
Secretary of State
has received the
required information

DOCUMENT # L00000004912

1. Limited Liability Company's Name

Provence 21, L.L.C.

2. Principal Office Address

26811 South Bay Drive

Suite, Apt. #, etc.

Suite 200

City & State

Bonita Springs, FL

Zip

34134

Country

U.S.A.

3. Mailing Office Address

26811 South Bay Drive

Suite, Apt. #, etc.

Suite 200

City & State

Bonita Springs, FL

Zip

34134

Country

U.S.A.

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified
To Do Business in Florida

5/1/00

6. FEI Number

65-1009518

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

David P. Browne

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

26811 South Bay Drive

Suite, Apt. #, Etc.

Suite 200

City

Bonita Springs

State

FL

Zip Code

34134

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

David P. Browne

REGISTERED AGENT MUST SIGN

Date 1/4/02

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

Ralph E. Hazelbaker

1661 Old Henderson Rd.

Columbus, OH 43220

REINSTATEMENT

2001-02

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. This 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

Ralph E. Hazelbaker

12/5/01

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Ralph E. Hazelbaker, Manager

CR2E041 (9/01)