

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

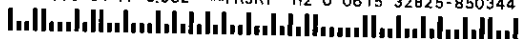
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000006781

Name and Mailing Address

0010839 01 FP 0.352 \*\*PRST H2 0 0615 32825-850344



OSCEOLA PARTNERS, LLC  
10644 CRYSTAL SPRINGS COURT  
ORLANDO FL 32825-8503

MJM



11/13 2002

2. New Mailing Address

City, State, Zip

Principal Place of Business

201 SOUTH ORANGE AVENUE, SUITE 200  
ORLANDO FL 32801

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

06/12/2000

6. FEI Number

59-3651160

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

DUBRULE, JOHN W  
201 SOUTH ORANGE AVENUE, SUITE 200  
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

CR2E084 (8/02)

10. 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

REGISTERED AGENT MUST SIGN

Date

11-7-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DUBRULE, JOHN W	201 SOUTH ORANGE AVENUE, SUITE 200	ORLANDO FL 32801

4000008959184  
11/13/02--01028--004 \*\*150.00

12. 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

Date

11-7-02

Daytime Phone #

407-514-1201

Typed or printed name of signing Managing Member/Manager