

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 20 PM 3:45

REINSTATEMENT

DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011391

1. Limited Liability Company's Name

HILLSBORO PROPERTY, LLC

2. Principal Office Address

1675 Curryville Road

Suite, Apt. #, etc.

City & State

Chuluota, FL

Zip

32766

Country

USA

3. Mailing Office Address

1675 Curryville Road

Suite, Apt. #, etc.

City & State

Chuluota, FL

Zip

32766

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/18/2000

6. FEI Number

NONE

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

MARIE K. ROSE

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

1675 Curryville Road

Suite, Apt. #, Etc.

City

Chuluota

State

FL

Zip Code

32766

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

Marie K. Rose

Date *5-19-03*

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
MGR M	MARIE K. ROSE	1675 Curryville Road	Chuluota, FL 32766

REINSTATEMENT 01-03

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

Marie K. Rose

Date *5-19-03*

Daytime Phone # *407-366-1907*

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)