

L00000011844

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L00000011844

1. Limited Liability Company's Name

Amigos Real Estate, L.C.

REINSTATEMENT

2003

000024528370
11/10/03--01006--004 **50.00

2. Principal Office Address
455 S. Orange Avenue

3. Mailing Office Address
455 S. Orange Avenue

Suite, Apt. #, etc.
Suite 500

Suite, Apt. #, etc.
Suite 500

City & State
Orlando, Florida

City & State
Orlando, Florida

Zip
32801

Country
USA

Zip
32801

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 9/29/2000

6. FEI Number 59-3677964

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
Andrew A. Hyltin

Street Address (P.O. Box Number is Not Acceptable)
455 S. Orange Avenue

Suite, Apt. #, Etc.
Suite 500

City
Orlando

State
FL

Zip Code
32801

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

Andrew A. Hyltin

REGISTERED AGENT MUST SIGN

Date 10/30/2003

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 | Andrew A. Hyltin | 455 S. Orange Avenue, Suite 500 | Orlando, Florida 32801 |
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REINSTATEMENT

2003

000024528370
12/11/03--01019--037 **100.00

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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

Andrew A. Hyltin

Andrew A. Hyltin

Date 10/29/2003

Daytime Phone# 407-992-1112

Ext 154

Typed or printed name of signing Managing Member/Manager

CR2004 (10/02)