

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000013297

Name and Mailing Address

0014546 01 AT 0.292 **AUTO T3 1 0615 34109-624455



AVALON AT GRANDE OAK, L.L.C.
2055 TRADE CENTER WAY
NAPLES FL 34109-6244



2. New Mailing Address

City, State, Zip

Principal Place of Business

2055 TRADE CENTER WAY
NAPLES FL 34109

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

10/26/2000

6. FEI Number

59-3679623

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

B & C CORPORATE SERVICES OF CENTRAL FLORID
390 NORTH ORANGE AVE, STE 1100
ORLANDO FL 32751

9. Name and Address of New Registered Agent

Name

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

700024337157

10/31/03--01079--005 **150.00

City

FL

Zip Code

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

Glenda E. Hood
REGISTERED AGENT MUST SIGN

Date

10/29/03

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
M	COTTER, JEFFREY J	90 MINNEHAHA CIRCLE	MAITLAND FL 32751
M	WOOD, G. STUART	25088 PINEWATER COVE LANE	BONITA SPRINGS FL 34134

REINSTATEMENT

03
dec

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

Jeffrey J. Cotter
SIGNED

Date 10/24/03

Daytime Phone #

(239) 597-7727

Typed or printed name of signing Managing Member/Manager

JEFFREY J. COTTER

CR2E034 (7/03)