

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 22 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000003167**

1. Limited Liability Company's Name

THE MANSIONS DEVELOPMENT, LLC

2. Principal Office Address

90 CHAMPIONS WAY

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32092

Country

ST. JOHNS

3. Mailing Office Address

90 CHAMPIONS WAY

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32092

Country

ST. JOHNS

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2/27/01

6. FEI Number

59-3698021

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

RONALD S BAILIS

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

90 CHAMPIONS WAY

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32092

800019747428

05/22/03--01098--005 **205.00

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

Ronald S Bailis

Date **5/20/03**

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
MEM	RONALD S BAILIS	90 CHAMPIONS WAY	ST. AUGUSTINE, FL 32092

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

Ronald S Bailis

Date **5-20-03**

Daytime Phone # **904-940-5500**

Typed or printed name of signing Managing Member/Manager

RONALD S BAILIS

CR2041 (10/02)

THE MANSIONS DEVELOPMENT, LLC

A FLORIDA LIMITED LIABILITY COMPANY

90 Champions Way
St. Augustine, FL 32092

Phone 904-940-5500
Fax 904-940-5504
e-mail rsbailis@aol.com

May 20, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Limited Liability Company Reinstatement
The Mansions Development, LLC
Document Number: L01000003167

Gentlemen:

Please find enclosed the following:

1. Limited Liability Reinstatement form for The Mansions Development, LLC.
2. A check in the amount of \$205.00 made payable to the Florida Department of State for the Reinstatement Fee, Annual Report Fee and Certificate of Status.

Please reinstate the company and forward the Certificate of Status to the company address.
Thank you very much for your kind attention to this matter.

Sincerely,



Ronald S. Bailis
Managing Member

RSB:jt

Enc.