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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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:57

1. DOCUMENT # L01000003548

Name and Mailing Address

0002959 01 AT 0.292 **AUTO T3 0 0615 32750-625799

LAKE MARY DEVELOPMENT PARTNERS, LC
1399 WEST STATE ROAD 434
LONGWOOD FL 32750-6257



2. New Mailing Address

115 North Maitland Avenue

City, State, Zip

Altamonte Springs, FL 32701

Principal Place of Business

1399 WEST STATE ROAD 434
LONGWOOD FL 32750

3. New Principal Place of Business Address

115 N. Maitland Ave.

City, State, Zip

Altamonte Springs, FL 32701

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/05/2001

6. FEI Number

59-3707892

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

WALKER, BERRY J JR.

Walker & Tudhope, P.A.

1053 Maitland Center Commons

Bld. 2nd Floor

Maitland, FL 32751

9. Name and Address of New Registered Agent

Name

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

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

SIGNATURE REQUIRED

Date 12/30/03

REGISTERED AGENT MUST SIGN

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 | MURRAY, MICHAEL E | 1399 WEST STATE ROAD 434 | LONGWOOD FL 32750 |
| MGR | MURRAY, M. CHANE Remove | 1399 WEST STATE ROAD 434 Remove | LONGWOOD FL 32750 Remove |
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11/18/03-01006-013 **150.00

REINSTATEMENT

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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

Michael E. Murray

Date

11/11/2003

Daytime Phone #

407-331-4300

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)