

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000008312

1. Limited Liability Company's Name

Deleon Townhomes, LLC

2. Principal Office Address - No P.O. Box #

2506 S. MacDill Ave

Suite, Apt. #, etc.
Suite A

City & State

Tampa

Zip
FL

Country
USA

3. Mailing Office Address

2506 S. MacDill Ave

Suite, Apt. #, etc.
Suite A

City & State

Tampa, FL

Zip
33629

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **2001**

6. FEI Number

043613614

☐ 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

Bailin, Lawrence J.

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

401 East Jackson Street

Suite, Apt. #, Etc.

Suite 2000

City

Tampa

State

FL

Zip Code

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

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	James Landers	2506 S. MacDill Ave Suite A	Tampa, FL 33629

500112514235
11/21/07--01052--007 **250.00

REINSTATEMENT

03-07

[Signature]

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

Date **11/15/07**

Daytime Phone # **813-902-0598**

Typed or printed name of signing Managing Member/Manager **James Landers**