

PLEASE PRINT ALL INFORMATION BEFORE COMPLETING THIS FORM.

L01000009622

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 24 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000009622

1. Limited Liability Company's Name

4 CORNERS SHOPPING PLAZA, L.L.C.

2. Principal Office Address

116 Polo Park East Blvd.

Suite, Apt. #, etc.

City & State

Davenport, FL

Zip

33897

Country

USA

3. Mailing Office Address

116 Polo Park East Blvd.

Suite, Apt. #, etc.

City & State

Davenport, FL

Zip

33897

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

06/15/2001

6. FEI Number

52-2330310

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

Garrett Kenny

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

8820 Phillips Bay Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32836

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

Garrett Kenny
REGISTERED AGENT MUST SIGN

Date

9/23/03

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
MGRM	Garrett Kenny	8820 Phillips Bay Dr.	Orlando, FL 32836

REINSTATEMENT 02-03

OK

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

Garrett Kenny
GARRETT KENNY

Date

9/23/03

Daytime Phone #

407 247 9977

Typed or printed name of signing Managing Member/Manager

CR2E041 (1/02)