

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000011959

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
JIM SMITH
Secretary of State
DIVISION OF CORPORATIONS

FILED
2002 NOV -6 PM 4:22
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000011959

Name and Mailing Address

0005804 01 FP 0.352 **PRST TB O 0615 34224-764899



THE VILLAGE AT OYSTER CREEK, LLC
6800 PLACIDA ROAD
ENGLEWOOD FL 34224-7648



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 6800 PLACIDA ROAD ENGLEWOOD FL 34224		5. Date Organized or Qualified To Do Business in Florida 07/20/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1113873	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (8/02)

8. Name and Address of Current Registered Agent HANEWINCKEL, DEAN 2800 PLACIDA ROAD, SUITE 110 ENGLEWOOD FL 34224		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *Dean Hanewinckel* Date: 10-30-02

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	SPADE, ROBERT W	6800 PLACIDA ROAD	ENGLEWOOD FL 34224
800008831838 11/06/02--01090--008 **150.00			
REINSTATEMENT 2002			

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: *Robert W Spade* Date: 10-30-02 Daytime Phone #: 941-697-8454

Typed or printed name of signing Managing Member/Manager: Robert W Spade