

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 30 AM 9:04

11/4

DOCUMENT # L01000012066

1. Limited Liability Company's Name

ASHLAND HOMES L.P.G.A., LLC

REINSTATEMENT 2002

2. Principal Office Address

665 Harold Avenue

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Office Address

665 Harold Avenue

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32789

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

07/23/2001

6. FEI Number

59-3735636

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

DIVINE, RUSSELL W.

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

24 S. Orange Avenue

Suite, Apt. #, Etc.

Suite 203

City

Orlando

State
FL

Zip Code
32801

300008753743

10/30/02--01014--006 **1090.00

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

REGISTERED AGENT MUST SIGN

Date **October 22, 2002**

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	NADER, Michael A.	665 Harold Avenue	Winter Park, FL 32789

REINSTATEMENT

2002

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 **10-23-02** Daytime Phone # **(407) 622-7100**

Typed or printed name of signing Managing Member/Manager **Michael A. Nader**