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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

L01000015800

FILED
02 OCT 30 AM 10:26
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10/31

1. DOCUMENT # L01000015800

Name and Mailing Address

0008203 01 FP 0.352 **PRSRT T5 0 0615 70112-142150

PARK VILLAGE NEW ORLEANS, LLC
830 UNION ST., STE 200
NEW ORLEANS LA 70112-1421

REINSTATEMENT 2002

CR2E084 (8/02)

2. New Mailing Address City, State, Zip	**4.** State/Country of Formation FL **5.** Date Organized or Qualified To Do Business in Florida 09/14/2001
Principal Place of Business 830 UNION ST., STE 200 NEW ORLEANS LA 70112 **3.** New Principal Place of Business Address City, State, Zip	**6.** FEI Number ☑ 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	**9. Name and Address of New Registered Agent**
CAPITAL CONNECTION INC 417 EAST VIRGINIA ST., STE 1 TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) 200008697902 10/30/02--01051--005 **150.00 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 /s/ Weimar Lopez for Capital Connection Date 10/29/02
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
MGRM	LAKE CHARLES NAVAL STORES CO., INC.	830 UNION ST., STE 200	NEW ORLEANS LA
	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 /s/ John F. White Date 10-22-02 Daytime Phone # 504-524-8602

Typed or printed name of signing Managing Member/Manager John F. White