

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
J. S. ...  
Secretary of State  
DIVISION OF CORPORATIONS

**L01000021459**

FILED

02 DEC 20 AM 9:04

1. DOCUMENT # L01000021459

Name and Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0010509 01 FP 0.352 \*\*PRSRT H9 0 0615 34711-804426



PREMIER PROMENADE PLAZA, L.L.C.  
13726 VISTA DEL LAGO BOULEVARD  
CLERMONT FL 34711-8044

7000009733657  
12/30/02--01028--011 \*\*150.00



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 13726 VISTA DEL LAGO BOULEVARD CLERMONT FL 34711		<b>5. Date Organized or Qualified To Do Business in Florida</b> 12/10/2001	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 59-3760493	
		<b>Applied For</b> Not Applicable	
		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b> CULP, JAMES W 13236 SHORE DRIVE WINTER GARDEN FL 34787		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b> Signature of Registered Agent <u>James W. Culp</u> Date <u>12-13-02</u> REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GILMAN, CHARLES A	13726 VISTA DEL LAGO BOULEVARD	CLERMONT FL 34711
MGR	CULP, JAMES W	13236 SHORE DRIVE	WINTERGARDEN FL 34787
<b>REINSTATEMENT</b> <u>08</u>			

**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

James W. Culp

Date 12-13-02

Daytime Phone # 352-243-9000

Typed or printed name of signed Managing Member/Manager

JAMES W. CULP

CR2E084 (8/02)