

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FOR A REINSTATEMENT
OF A LIMITED LIABILITY COMPANY
IN THE STATE OF FLORIDA

22804
FILED

1. DOCUMENT # L01000022804

Name and Mailing Address

03 MAR -5 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000625 01 FP 0.352 **PRSRT T2 0 0615 32789-381618



TRADITIONS ON PARK, L.L.C.
318 PARK AVENUE NORTH
WINTER PARK FL 32789-3816



2. New Mailing Address

1302 ORANGE AVE.

City, State, Zip

WINTER PARK, FL 32789

Principal Place of Business

318 PARK AVENUE NORTH
WINTER PARK FL 32789

3. New Principal Place of Business Address

324 PARK AVE. N.

City, State, Zip

WINTER PARK, FL 32789

4. State/Country of Formation

FL

To Do Business in Florida

12/31/2001

6. FEI Number

90-0004120

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

BERMAN, JED
180 S. KNOWLES AVE., STE. 7
WINTER PARK FL 32789

9. Name and Address of New Registered Agent

Name

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

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

REGISTERED AGENT MUST SIGN

Date

1/8/03

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	MURPHY, JULIANNE E	STE. 7, 180 SOUTH KNOWLES AVE.	WINTERPARK FL 32789
			500009643585 12/23/02--01081--005 **150.00
			500009643585 03/05/03--01007--011 **50.00

REINSTATEMENT

2002-2003

BK

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

J. E. Murphy

Date

12/19/02

Daytime Phone #

407-599-5900

Typed or printed name of signing Managing Member/Manager