

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L02000000680**

1. Limited Liability Company's Name

LEASE TO OWN, LLC

2007 DEC 28 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 7777 N Wickham Rd		3. Mailing Office Address 7777 N Wickham Rd	
Suite, Apt. #, etc. #12-408		Suite, Apt. #, etc. #12-408	
City & State Melbourne, FL		City & State Melbourne, FL	
Zip 32940	Country USA	Zip 32940	Country USA

State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida
1/1/02

6. FEI Number
010577712

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
Scott Allen Levy

Street Address (P.O. Box Number is Not Acceptable)
632 N Hedgecock SQ

Suite, Apt. #, Etc.

City
Satellite Beach

State
FL

Zip Code
32937M

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 **12/4/07**

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
MGRM	Little Palm Holdings Corporation	7777 N Wickham Road #12-408	Melbourne, FL 32940
MGRM	T Rex Enterprises, Inc.	197 Ridgepoint Road	Easley, SC 29640

REINSTATEMENT

04-07

800113481198
12/28/07--01035--013 **\$300.00

OK 12-31

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 **12/4/07**

Daytime Phone # **321-795-3968**

Typed or printed name of signing Managing Member/Manager **Scott Allen Levy, Little Palm Holding Corp President**