

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 APR -8 A 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000001454

1. Limited Liability Company's Name

Avonlea Cottages of Rockledge, LLC

2. Principal Office Address

3821 Sunnyside Court

Suite, Apt. #, etc.

City & State

Rockledge, FL

Zip

32955

Country

3. Mailing Office Address

10821 W. 87th St.

Suite, Apt. #, etc.

Suite 300

City & State

Overland Park, KS

Zip

66214

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

1-18-02

6. FEI Number

01-0684843

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

Paul K. Thoma

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

3821 Sunnyside Court

200054349822
05/13/05--01004--008 **250 00

Suite, Apt. #, Etc.

City

Rockledge

State
FL

Zip Code
66214

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

Paul K. Thoma

Date

2/24/05

REGISTERED AGENT MUST SIGN

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	Mike Morley	775 West 1200 North, Suite 100	Springville, UT 84663
MGRM	Phillip Hutchings	930 South 2350 East	Springville, UT 84663
MGRM	Kevin Moe	930 South 2350 East	Springville, UT 84663

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

Phillip Hutchings

Date

3/3/05

Daytime Phone #

801-489-6407

Typed or printed name of signing Managing Member/Manager

Phillip Hutchings

CR2E041 (10/02)