

L02000002331

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 13 PM 2:18

L020123/04

DOCUMENT # L02000002331

1. Limited Liability Company's Name

STAVOLA PROPERTY, L.L.C

REINSTATEMENT 2003-2004

2. Principal Office Address

10737 SE 108 TERR RD

Suite, Apt. #, etc.

3. Mailing Office Address

P O BOX 8

Suite, Apt. #, etc.

City & State

CANDLER FL

City & State

ANTHONY FL

Zip

32111

Country

MARION

Zip

32617

Country

MARION

4. State/Country of Formation

FLORIDA MARION CO

5. Date Organized or Qualified

To Do Business in Florida 7/24/2003

6. FEI Number

80-0032815

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

ROBERT JOHN STAVOLA

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

10737 SE 108 TERR RD

Suite, Apt. #, Etc.

City

CANDLER

State
FL

Zip Code
32111

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

Robert John Stavola

REGISTERED AGENT MUST SIGN

Date

1-8-04

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
MEM	ROBERT JOHN STAVOLA	10737 SE 108 TERR RD	CANDLER FL 32111

REINSTATEMENT 2003-2004

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

Robert John Stavola

Date

1-8-04

Daytime Phone #

352-620-8072

Typed or printed name of signing Managing Member/Manager

ROBERT JOHN STAVOLA

CR2ED41 (10/02)