PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS								SECRETARY OF STATE DIVISION OF CORPORATIONS 07 SEP 19 AM 10: 18			
DOCUMENT # L02000007845 1. Limited Liability Company's Name											
WOODLAWN TERRACE, LLC											
2. Principal Office Address - No P.O. Box # 200 SOUTH WOODLAWN 5325 Emer							4. 9	CR2E041 (1/07) 4. State/Country of Formation			
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				Florida 5. Date Organized or Qualified To Do Business in Florida 04/03/02					
City & State ST SAINT	r Augus	City & State Jacksonville, FL			<u> </u>	6. FEI Number 02-0582955 Applied For Not Applicable					
Zip 32095	Country Zip 32207				Coun	try	7.	ERTIFICATE	tional Fee required		
		8. Name and Address o	Current Regist	tered Agen	t						
Name KENNEY, PAT							\rrbracket⋈	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.			
Street Address (P.O. Box Number is Not Acceptable) 701 WHITE BLVD.											
Suite, Apt. #, Etc.											
City INVERNESS, FL					State Zip Code 34453						
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 Page 9 - 19 - 57 REGISTERED AGENT MUST SIGN											
10. Names and Street Addresses of Managing Members/Managers									T		
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manag					City / State / Zip		
MGRM	KENNEY, PAT				701 WHITE BLVD.			INVERNESS, FL 34453			
	- Americal American						Emmunia series	09/1	901096580 3/0701045002	**150.00	
	F	P\$ 100									
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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 tegal effect as if made under oath.											
Signature of Managing Member/Manager Date 9-17-57 Daytime Phone # 352986-11/3											
Typed or printed name of signing Managing Member/Manager Pat Kenney											