

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 18 PM 12:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

6/18

DOCUMENT # L02000014497

1. Limited Liability Company's Name

Essex Florida, L.L.C.

2. Principal Office Address

3491 Buckhead Loop

Suite, Apt. #, etc.

City & State

Atlanta, GA

Zip

30326

Country

USA

3. Mailing Office Address

3491 Buckhead Loop

Suite, Apt. #, etc.

City & State

Atlanta, GA

Zip

30326

Country

USA

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

06/11/2002

6. FEI Number

14-1850996

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

Bolanos Truxton, P.A.

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

12800 University Drive

Suite, Apt. #, Etc.

Suite 350

City

Fort Myers

State

FL

Zip Code

33907

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

Gregg Stumpf

REGISTERED AGENT MUST SIGN

Date 05/25/2004

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
MGR	Robert Sheehan	3491 Buckhead Loop	Atlanta, GA 30326

REINSTATEMENT

2005
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 Sheehan

Date 6/1/04

Daytime Phone # 404 266 0606

Typed or printed name of signing Managing Member/Manager

ROBERT SHEEHAN