

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 SEP -2 P 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L020000016803

1. Limited Liability Company's Name

Williams Park, LLC

2. Principal Office Address

200 Second Avenue South

Suite, Apt. #, etc.

Unit 236

City & State

St. Petersburg, Florida

Zip

33701

Country

USA

3. Mailing Office Address

200 Second Avenue South

Suite, Apt. #, etc.

Unit 236

City & State

St. Petersburg, Florida

Zip

33701

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

July 1, 2002

6. FEI Number

04-3676922

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

David F. Janney

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

200 Second Avenue South

Suite, Apt. #, Etc.

Unit 236

City

St. Petersburg

State

FL

Zip Code

33701

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 August 30, 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
MGRM	David F. Janney	200 Second Avenue South	St. Petersburg Florida 33701

REINSTATEMENT 02-03
dec

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 8/30/2004

Daytime Phone# 727-825-0000

Typed or printed name of signing Managing Member/Manager

David F. Janney

CR20041 (10/02)