

▲ Tear Here ▲

▲ Tear Here ▲

▲ T e r ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB -9 PM 1:50

1. DOCUMENT # L02000022686

Name and Mailing Address

0011430 01 AT 0.292 **AUTO T2 3 0615 34786-750931



OPINICON HOSPITALITY PARTNERS, LLC
5731 W. LAKE BUTLER ROAD
WINDERMERE FL 34786-7509



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 09/03/2002

Principal Place of Business
5731 W. LAKE BUTLER ROAD
WINDERMERE FL 34786

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
36-4520938

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

MITCHELL, STEPHEN J
201 N. FRANKLIN STREET
SUITE 2100
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

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

100028413271
02/09/04--01054--008 **205.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 2/3/04

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	James D. Swartz	5731 W. Lake Butler Rd.	Windermere FL 34786

REINSTATEMENT

03-04-04
du

12. 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

SIGNATURE REQUIRED

Date 1/28/04 Daytime Phone # 407/342-2345

Typed or printed name of signing Managing Member/Manager