

JAN. 27. 2005 4:05PM BRGWR-813-223-9620

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2005 JAN 27 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L02000023006**

1. Limited Liability Company's Name

PANTHER HAMMOCK, LLC

2. Principal Office Address

1980 S.W. CLAVEL ROAD

Suite, Apt. #, etc.

City & State

ARCADIA, FLORIDA

Zip

34266

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

9/5/2002

6. FEI Number

03-0641447

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 B. WILLIAMS, ESQ.

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

220 S. FRANKLIN STREET

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33602

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

*David B. Williams*

Date 01/27/2005

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
| MEM    | JOHN W. EDWARDS                      | 1980 S.W. CLAVEL ROAD                             | ARCADIA, FL 34266  |
| MEM    | KAREN P. EDWARDS                     | 1980 S.W. CLAVEL ROAD                             | ARCADIA, FL 34266  |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |

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

*Karen P. Edwards*

Date 01/27/2005

Daytime Phone#

Typed or printed name of signing Managing Member/Manager

KAREN P. EDWARDS

REINSTATEMENT 03-05 JM

Florida Department of State  
Division of Corporations  
Public Access System

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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : BUSH ROSS GARDNER WARREN & RUDY, P.A.  
Account Number : I19990000150  
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Fax Number : (813) 223-9620

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DIVISION OF CORPORATIONS

*Wanda Holland for DBW - 9805-1*

**LIMITED LIABILITY REINSTATEMENT**

**PANTHER HAMMOCK, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
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