2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000024313

1. Entity Name
CHARLESTON SUBDIVISION, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 30 AM 8:47

Principal Place of Business	Mailing Address
200 WOODPORT ROAD SPARTA, NJ 07871	200 WOODPORT ROAD SPARTA, NJ 07871

03252005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
5218 SW 91st Drive	5218 SW 91st Drive
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: Gainesville, FL	City & State: Gainesville, FL
Zip: 32608 Country: USA	Zip: 32608 Country: USA

4. FEI Number: 76-0716623 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DELANEY, PHILIP A 4041-B NW 37TH PLACE GAINESVILLE, FL 32606	Name Street Address (P.O. Box Number is Not Acceptable) REINSTATEMENT 04-05 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE See attached
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DAUTEL, PETER C MR. 200 WOODPORT ROAD SPARTA, NJ 07871	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Dautel, Peter C MR 5218 SW 91st Drive Suite B Gainesville, FL 32608	☒ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Peter Dautel 3/28/05 352-377-4530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

)CUMENT # L02000024313

Entity Name
ARLESTON SUBDIVISION, LLC

Principal Place of Business	Mailing Address
WOODPORT ROAD RTA, NJ 07871	200 WOODPORT ROAD SPARTA, NJ 07871

03262005 REIN-LLC CR2E101 (6/04)

Principal Place of Business	3. Mailing Address
5218 SW 91st Drive	5218 SW 91st Drive
Suite, Apt. #, etc.: Suite 6	Suite, Apt. #, etc.: Suite 6
City & State: Gainesville, FL	City & State: Gainesville, FL
Zip: 32608 Country: USA	Zip: 32608 Country: USA

4. FEI Number: 76-0716623 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ELANEY, PHILIP A
41-B NW 37TH PLACE
INESVILLE, FL 32606

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 3-28-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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SIGNATURE: [signature] 3/28/05 352-377-4530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #