

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV 13 PM 3:49

DOCUMENT # L02000027562

1. Limited Liability Company's Name

Baldwin Park Village I, L.L.C.

800162766878

11/12/09—01039—026 **\$421.25

800162766878
11/12/09—01039—026 **\$421.25

2. Principal Office Address - No P.O. Box #

7940 Via Dellagio Way

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, FL

Zip

32819

Country

Orange

3. Mailing Office Address

7940 Via Dellagio Way

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, FL

Zip

32819

Country

Orange

4. State/Country of Formation

FL/Orange

5. Date Organized or Qualified

To Do Business in Florida 10/16/2002

6. FEI Number

710909882

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

Charles Whittall

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

7940 Via Dellagio Way

Suite, Apt. #, Etc.

Suite 200

City

Orlando

State

FL

Zip Code

32819

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 10/08/2009

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	Baldwin Park, LLP	7940 Via Dellagio Way	Orlando, FL 32819

REINSTATEMENT 2007-2009

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 10/08/2009

Daytime Phone # 407-999-9985

Typed or printed name of signing Managing Member/Manager

Charles Whittall