

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000029645

1. Limited Liability Company's Name

Debary Town Center, L.L.C.

2. Principal Office Address

110 West Indiana Avenue

3. Mailing Office Address

110 West Indiana Avenue

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

Suite 203

City & State

DeLand, FL

City & State

DeLand, FL

Zip

32720

Country

US

Zip

32720

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/05/2002

6. FEI Number

061661161

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

Palmetto Charter Services, Inc.

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

150 Magnolia Avenue

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32114

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

John P. Ferguson
REGISTERED AGENT MUST SIGN

John P. Ferguson,
Vice President

Date 6/22/06

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
Mgr	Steven Costa	110 West Indiana Avenue, Suite 203	DeLand, FL 32720
			600076752386 06/30/06--01014--004 **250.00
			REINSTATEMENT 2004-2006

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

Steven Costa

Date 6/21/2006

Daytime Phone # 386-943-8938

Typed or printed name of signing Managing Member/Manager Steven Costa

FILED
2006 JUN 26 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)