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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 12 AM 9:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L02000029645

1. Limited Liability Company's Name
Debary Town Center, L.L.C.

11/12 2003

2. Principal Office Address	3. Mailing Office Address
898 Pine Tree Ct.	898 Pine Tree Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
DeLand, FL	DeLand, FL
Zip: 32724 Country:	Zip: 32724 Country:

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 11/05/2002

6. FEI Number: 06-1661761 Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Palmetto Charter Services

Street Address (P.O. Box Number is Not Acceptable): 150 Magnolia Avenue

Suite, Apt. #, Etc.:

City: Daytona Beach State: FL Zip Code: 32115-2491

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 Vice President Date: 11/11/03

REGISTERED AGENT MUST SIGN

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	898 Pine Tree Ct.	DeLand, FL 32724

REINSTATEMENT 2003

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 608.405, 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: 11/07/2003 Daytime Phone #:

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

(2)

Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

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