

H03000314983 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L02000029645

1. Limited Liability Company's Name

Debary Town Center, L.L.C.

2. Principal Office Address 898 Pine Tree Ct. Suite, Apt. #, etc. City & State DeLand, FL Zip 32724		3. Mailing Office Address 898 Pine Tree Ct. Suite, Apt. #, etc. City & State DeLand, FL Zip 32724		4. State/Country of Formation 11/12 2003	
5. Date Organized or Qualified To Do Business in Florida 11/05/2002				6. FEI Number 06-1661161	
7. CERTIFICATE OF STATUS DESIRED ☐				Applied For Not Applicable	

B. 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

C. 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 AgentJohn P. Ferguson
Vice President

Date 11/11/03

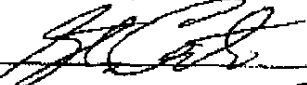
REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Member/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 608.406, 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 11/07/2003

Daytime Phone#

Typed or printed name of signing Managing Member/Manager

Steven Costa, Manager

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②

11/12 reinst.

Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

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