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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT — FLORIDA DEPARTMENT OF STATE — DIVISION OF CORPORATIONS

L02000033821

FILED

03 DEC -9 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000033821

Name and Mailing Address

0017174 01 FP 0.352 **PRSRT T3 0 0615 32303

NORTHSIDE VILLAS, LLC
7611 ALLEN RD
TALLAHASSEE FL 32303

CR2E084 (7/03)

2. New Mailing Address
2611 Allen Road
City, State, Zip
Tallahassee, FL 32303

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
12/17/2002

Principal Place of Business
7611 ALLEN RD
TALLAHASSEE FL 32303

3. New Principal Place of Business Address
2711 Allen Road
City, State, Zip
Tallahassee, FL 32303

6. FEI Number
X 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

~~THOMPSON, SUSAN S~~
~~3520 THOMASVILLE ROAD, 4TH FLOOR~~
~~TALLAHASSEE FL 32309~~

9. Name and Address of New Registered Agent

Name
NADIM JEBARA
Street Address (P.O. Box Number is Not Acceptable)
2711 ALEN RD
City TALLAHASSEE FL Zip Code 32303

10. I, being appointed 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 SIGNATURE REQUIRED Date 10.26.03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BOULOS, ANTOINE M	~~7611 ALLEN ROAD~~ 2711 Allen Road	TALLAHASSEE FL 32303

700025337207
12/09/03--01010--010 **150.00

REINSTATEMENT 2003

12. I certify that I am managing member/manager or the receiver/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/Manage (SIGNATURE REQUIRED) Date 10-26-03 Daytime Phone # 850 556 6660

Typed or printed name of signing Managing Member/Manager