

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT #

L2000034039

1. Limited Liability Company's Name

L3M Properties of Orlando LLC

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

1401 W. Washington St.

Suite, Apt. #, etc.

City & State

Orlando Fl.

Zip

32805

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL.

U.S.

5. Date Organized or Qualified
To Do Business in Florida

12/18/2002

6. FEI Number

651163104

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

Lyndel N. Freeman III

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

208 E. 2nd Ave.

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

E-mail Address:

300236791003
06/25/12--01012--008 **\$41.25

Lfreemaniii@hotmail.com
(To be used for future annual report notices)

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 **6/20/2012**

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
MEM	Lyndel N. Freeman III	208 E. 2nd Ave.	Windermere Fl. 34786

REINSTATEMENT -2010-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date **6-20-2012** Daytime Phone # **(407)650-0229**

Typed or printed name of signing Managing Member/Manager