

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 APR -1 AM 8:35

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000034212**

1. Limited Liability Company's Name

Preserve Partners of North Carolina, LLC

2. Principal Office Address

2714 Rew Circle

Suite, Apt. #, etc.

Suite 300

City & State

Ocoee, FL

Zip

34761

Country

USA

3. Mailing Office Address

2714 Rew Circle

Suite, Apt. #, etc.

Suite 300

City & State

Ocoee, FL

Zip

34761

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12-19-02

6. FEI Number

None

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

Rogers W. Kirven, Jr.

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

271 Rew Circle

Suite, Apt. #, Etc.

Suite 300

City

Ocoee

State

FL

Zip Code

34761

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

Rogers W. Kirven, Jr.

REGISTERED AGENT MUST SIGN

Date **3/31/2004**

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
MGRM	Rogers Kirven, Jr.	2714 Rew Circle, Suite 300	Ocoee, FL 34761

REINSTATEMENT

2003-04

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

Rogers W. Kirven, Jr.

Date **3/31/2004**

Daytime Phone # **407 581 5671**

Typed or printed name of signing Managing Member/Manager

Rogers Kirven, Jr.