PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

18 MAR -5 PM 12:

FALLAHASSEE, FLOR

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000002298

1. Limited Liability Company's Name

Villa Roma, L.L.C.

500310114685
03/05/18--01038--027 **1373.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
850 Riverhaven Dr.	PO Box 714
Suite, Apt #, etc	Suite, Apt #, etc.
City & State: Suwanee GA	City & State: Suwanee GA
Zip: 30024 Country: USA	Zip: 30024 Country: USA

4. State/Country of Formation: FL/US

5. Date Organized or Qualified To Do Business in Florida: 1/21/2003

6. FEI Number: ☐ 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: Michael D. Chiumento

Street Address (P.O. Box Number is Not Acceptable): 4 Old Kings Rd. N.

Apt. #, Etc: Suite B

City: Palm Coast State: FL Zip Code: 32137

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: _____ Date: 2/21/2018

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of each Authorized Representative/ Manager	City / State / Zip
MGR	Thomas Burns	P.O. Box 714	Suwanee, GA 30024
			MAR 09 2019
			C. CARROTHERS

11. E-mail Address: HOLTACKERS@toroproperties.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member _____ Date 21 FEB 18 Daytime Phone # 404-449-3278

Typed or printed name of signing authorized representative/member TOM BURNS