

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -8 PM 5:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

11/8

DOCUMENT # L03000009114

1. Limited Liability Company's Name

LEGACY COMMUNITIES OF WOODS OF OAKVALE, LLC

2. Principal Office Address

3520 THOMASVILLE ROAD

Suite, Apt. #, etc.

SUITE 200

City & State

TALLAHASSEE, FLORIDA

Zip

32309

Country

LEON

3. Mailing Office Address

3520 THOMASVILLE ROAD

Suite, Apt. #, etc.

SUITE 200

City & State

TALLAHASSEE, FLORIDA

Zip

32309

Country

LEON

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

45-0505478

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

CHARLES L. COOPER, JR.

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

3520 THOMASVILLE ROAD, SUITE 200

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32309

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

Date

REGISTERED AGENT MUST SIGN

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
MGMR	LEGACY COMMUNITIES, LLC	3520 THOMASVILLE ROAD, SUITE 200	TALLAHASSEE, FLORIDA 32309

504132913042
05/04/04 90025 028
\$80

REINSTATEMENT 2004

Wp penalty

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

4-28-04

Daytime Phone #

678-530-0723

Typed or printed name of signing Managing Member/Manager

S.F. Been

CR2E041 (10/02)