

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 05, 2006 8:00 A.M.
Secretary of State

DOCUMENT #

L03000013485

1. Limited Liability Company's Name

Sylvan Drive Townhomes, LLC

2. Principal Office Address

3601 Ocean Drive

Suite, Apt. #, etc.

3. Mailing Office Address

3601 Ocean Drive

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach, FL

Zip

32250

Country

USA

Zip

32250

Country

USA

4. State/Country of Formation

Florida

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

04/15/2003

6. FEI Number

26-4683679

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 N. Schneider

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

5150 Belfort Road

Suite, Apt. #, Etc.

Building 100

City

Jacksonville

State

FL

Zip Code

32256

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

Michael N. Schneider

Date *10/5/2006*

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
MGR	Richard Hamilton	3601 Ocean Drive	Jacksonville Beach, FL 32250

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

Richard Hamilton

Date *10/3/06*

Daytime Phone # *904-246-5137*

Typed or printed name of signing Managing Member/Manager

RICHARD HAMILTON