L03000013990

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 12 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BR

DOCUMENT # L03000013990

1. Limited Liability Company's Name
ST. AUGUSTINE 2185 OP, LLC

2. Principal Office Address	3. Mailing Office Address
6473 CONROY RD	6473 CONROY RD
Suite, Apt. #, etc # 809	Suite, Apt. #, etc # 809
City & State ORLANDO FL	City & State ORLANDO, FL
Zip / Country 32835 / USA	Zip / Country 32835 / USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
04/17/2003

6. FEI Number
16-1664074

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

900041978869
10/19/04--01028--005 **155.00

Name
PAUL KIANG

Street Address (P.O. Box Number is Not Acceptable)
6473 CONROY ROAD, #809

Suite, Apt. #, Etc.

City
ORLANDO

State
FL

Zip Code
32835

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
Oel. Liw
REGISTERED AGENT MUST SIGN

Date 10/12/04

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PAUL KIANG	6473 CONROY RD #809	ORLANDO, FL 32
		REINSTATEMENT 2004	
		BK	

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
Oel. Liw

Date 10/12/04

Daytime Phone (407) 383-7182

Typed or printed name of signing Managing Member/Manager: PAUL KIANG