

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2009 SEP -9 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD3000018002

1. Limited Liability Company's Name

RIVER RUN LLC

09/09/09 01019 015 263.75

100160441401

09/09/09--0101902001 (1000) 263.75

2. Principal Office Address - No P.O. Box #

161 W READING WAY

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

Zip

32789

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

05/19/2003

6. FEI Number

56-2386174

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 R HARRISON

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

1413 TROVILLIAN AVE

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32789

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Charles R. Harrison

REGISTERED AGENT MUST SIGN

Date

9/3/09

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
	CHRISTOPHER G COGAN, MGRM	161 W READING WAY	WINTER PARK, FL 32789

REINSTATEMENT-09

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

Christopher G. Cogan

Date *09/03/09* Daytime Phone # *407 865-7111*

Typed or printed name of signing Managing Member/Manager

CHRISTOPHER G COGAN