PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	09 JUN 16 PM 4: 36
DOCUMENT# L 030000 26058 1. Limited Liability Company's Name Mariners Landing Phase 2 HOA	SECRETARY OF STATE FALLAHASSEE. FLORIDA
2. Principal Office Address - No P.O. Box # 1688 trinity Church Rd Suite, Apt. #, etc. City & State Canton, GA Zip Country Country	100154534831 05/01/09-01002-019 **277.50 CR2E041 (10/08) 4. State/Country of Formation Flovida 5. Date Organized or Qualified To Do Business in Florida July 16 2005 6. FEI Number Applied For 202326901 S5.00 Additional Fee required
30115 US 30115 US 8. Name and Address of Current Registered Agent	CERTIFICATE OF STATUS DESIRED
Street Address (P.O. Box Number is Not Acceptable) 1891 1+wy 98 West Suite, Apt. #, Etc. City Corrabelle FL 32322	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 REGISTERED AGENT MUST SIGN Date April 24, 2003	
10. Names and Street Addresses of Managing Members/Managers	
Titles Name of Street Address of E Managing Members/ Managers Managing Member/ Managers	
Pres ZSUZSANNA Pasztor 103 Philips L.	n. Greenville, SC 29605 Fox Trail Tallahassec, FL 32309
VP Thomas Kane 3221 Gallant. Sci Tres	FOX-Trail Tallahassec, FL 32309
	100154594891 06/18/0901001013 **138.75
R	EINSTATEMENT 2007-09 JB
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 shell have the same legal effect as if made under oath.	
Signature of Managing Member/Manager Kum L Muhly Date 4,27,09 Daytime Phone # 770 886 6811	
Typed or printed name of signing Managing Member/Manager	



FILED

09 JUN 16 PM 4: 36

SECRETARY OF STATE FALLAHASSEE. FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2009

MARINERS LANDING HOMEOWNERS ASSOCIATION PHASE II, LLC 1688 TRINITY CHURCH RD CANTON, GA 30115

SUBJECT: MARINERS LANDING HOMEOWNERS ASSOCIATION PHASE II,

LLC

Ref. Number: L03000026058

We have received your document for MARINERS LANDING HOMEOWNERS ASSOCIATION PHASE II, LLC and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2007 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$416.25.

We need an additional check for \$138.75

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 809A00015362