

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	ED LIAB OMPAN' STATEM	Y i			Secret	ARTMEN tary of S			FILED		
DOCUMENT # 1. Limited Liability Company's Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
VILLAS DEL SOL - ORLANDO FLORIDA LLC L03000028641											
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address								CR2E041 (12/07)			
131 Avila Court					8297 CHAMPIONS GATE BLVD.				4. State/Country of Formation		
Suite, Apt. #, etc.				Suite, Apt	Suite, Apt. #, etc.			FLORIDA			
				375	375			5. Date Organized or Qualified To Do Business in Florida - 08/2003			
City & State				1	City & State			6. FEI Number Applied For			
DAVENPORT					CHAMPIONS GA				20-0172664 Not Applicable		
Zip 33896				33896		USA	·	7. CERTIFICATE		00 Additional Fee required or a Certificate of Status	
8. Name and Address of Current Registered Agent								·			
Name ELIZABETH MORROW							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.				
Street Address (P.O. Box Number is Not Acceptable)											
131 Avila Court											
Suite, Apt. #, Etc.											
City DAVENPORT						State Zip Code FL 33896					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and a Signature of Registered Agent REGISTERED AGENT MUST SIGN								accept the obligations of Chapter 608, F.S. Date 04/15/2008			
10. Name	s and Street	Addresses	of Managir			oo i olaiv		-			
Titles	es and Street Addresses of Managing Members/Managers Name of Managing Members/Managers						treet Address of Eac aging Member/Mana		er City / State / Zip		
PRES	ELIZABETH MORROW					8297 CHAMPIONS GATE BLVD.			75 DAVENPORT, FL 33896		
									<u></u>		
								700124381677 04/18/0801046020 **382.50			
REINSTATEMENT 2006-2008								00124381 /03-0001-002	677 ***38.75		
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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 Skalick (1600 Date 04/15/2008 Daytime Phone # 407-574-3123											
Typed or printed name of signing Managing Member/ManagerELIZABETH MORROW											