## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** 13 DEC 27 AM 10: 30 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # L03000035672 1. Limited Liability Company's Name Seacoast Gardens 206, LLC CR2E041 (12/13) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1000 Legion Place 1000 Legion Place 4. State/Country of Formation Florida, United States Suite, Apt. #, etc. Suite, Apt. #, etc Suite 1200 Date Organized or Qualified Suite 1200 To Do Business in Florida 09/15/2003 City & State City & State 6. FEI Number Orlando, Florida Orlando, Florida 20-0320989 Zip Country Country 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required 32801 USA 32801 **USA** for a Certificate of Status 8. Name and Address of Current Registered Agent E-mail Address: J. Todd South, Esq. Street Address (P.O. Box Number is Not Acceptable) 600255039586 12/27/13--01005--012 \*\*3 1000 Legion Place Suite, Apt. #, Etc Suite 1200 tsouth@southmi/hausen.com City Zip Code State Orlando 32801 (To be used for future annual report notices) 9. I, being appointed the stered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Date 12/26/2013 Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company Titles Name of Authorized Person Street Address of Each Authorized Person City / State / Zip MBR/MGR J. Todd South **MGR** 1000 Legion Place, Suite 1200 Orlando, Florida 32801

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filling this reinstatement, application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of Chapter 605, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of	
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**Authorized Person** 

Dale 12/26/2013

Daytime Phone #(407) 539-1638

DEC 2 7 2013

S. PRATHER

Applied For

Not Applicable

Typed or printed name of signing Authorized Person J. Todd South, Esq.