L03000042051

Florida Department of State
Division of Corporations
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L. SELLERS

FEB 25 2009

EXAMINER

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

LIMITED LIABILITY REINSTATEMENT

FOWLER COMMONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$516.25

RECEIVED
09 FEB 24 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09 FEB 24 AM 8:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB 24 AM 8:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000042051

1. Limited Liability Company's Name

FOWLER COMMONS, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5840 North Orange Blossom Trail	5840 North Orange Blossom Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32810 Country: USA	Zip: 32810 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 10-30-2003

6. FEI Number: 20-0457361 ☐ 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: Registered Agent Solutions, Inc.

Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Drive, Suite A

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

☑ 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 _____ Date 2/24/09

REGISTERED AGENT MUST SIGN

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
MGRM	Manouchehr Malekan	5840 North Orange Blossom Trail	Orlando, FL 32810

REINSTATEMENT
2007-2009

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 608.508, 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 _____ Date 2/24/09 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager: Manouchehr Malekan, Managing Member