

LD3000042051

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

STATE
TALLAHASSEE, FLORIDA

09 FEB 24 AM 8:41

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000042051

1. Limited Liability Company's Name

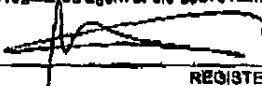
FOWLER COMMONS, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 5840 North Orange Blossom Trail		3. Mailing Office Address 5840 North Orange Blossom Trail		4. State/Country of Formation FLORIDA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 10-30-2003	
City & State Orlando, FL		City & State Orlando, FL		6. FEI Number 20-0457361	
Zip 32810	Country USA	Zip 32810	Country USA	☐ APPLIED FOR ☐ NOT APPLICABLE	
7. CERTIFICATE OF STATUS DESIRED ☐				\$5.00 Additional fee required for a Certificate of Status	

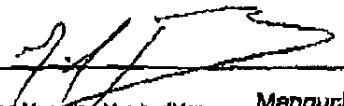
8. Name and Address of Current Registered Agent				☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
Name Registered 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		

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: **2/24/09**

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Manouchehr Melekan	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 606.406, 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:  Date: **2/24/09** Daytime Phone # _____

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