

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 MAR 27 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000049882

1. Limited Liability Company's Name

Talman Mews, LLC

700225671127
03/21/12--0122-018 **377.50

2. Principal Office Address - No P.O. Box #
5315 N. Lake Burkett Ln.

3. Mailing Office Address
5315 N. Lake Burkett Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32792

Country

USA

Zip

32792

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12-04-2003

6. FEI Number

01-0804267

☐ 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
Jay C. Barfield, Jr.

Street Address (P.O. Box Number is Not Acceptable)
5315 N. Lake Burkett Ln.

Suite, Apt. #, Etc.

City
Winter Park

State
FL

Zip Code
32792

E-mail Address:

judyandjack@mindspring.com

(To be used for future annual report notices)

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

[Signature]

Date

3/15/12

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	Jay C. Barfield, Jr.	5315 N. Lake Burkett Ln.	Winter Park, FL 32792
		REINSTATEMENT	2011-12

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 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 Managing
Member/Manager

[Signature]

Date

3/15/12

Daytime Phone #

407-908-9694

Typed or printed name of signing Managing Member/Manager **Jay C. Barfield, Jr.**

PAST DUE FOR 2011 plus current year 2012