L03000055075

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000225471 3)))

H10000225471 3ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

FILED
10 OCT 14 AM 8:35
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
ONE NEW ORLEANS PLACE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

RECEIVED
10 OCT 14 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
OCT 15 2010
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

FILED
10 OCT 14 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000055075

1. Limited Liability Company's Name
ONE NEW ORLEANS PLACE, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
112 Franklin Blvd St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: George Island, FL	City & State
Zip: 32326 / Country	Zip / Country

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 12/22/2003
6. FEI Number: 371480840 ☐ 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: C T Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation, State: FL Zip Code: 33324

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: Barbara A Burke Barbara A. Burke Special Assistant Secretary Date: 10-13-10
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
Manager	WAKULLA HOLDINGS, LLC	7777 Baymeadows Way West	Jacksonville, Fl. 32256
			S. HAWKES
	REINSTATEMENT		OCT 15 2010
	2010		EXAMINER

11. E-mail Address: MMalec@FDIC.gov
(To be used for future annual report notifications)

12. 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 608.405, 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: Mark E. Malec Date: 10-12-10 Daytime Phone #: 904 256 3427

Typed or printed name of signing Managing Member/Manager: Mark E. Malec, Manager