

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR -9 PM 3:48

BK

DOCUMENT # L04000001432

1. Limited Liability Company's Name

Altamonte Town Center, LLC

07

200171271332
03/04/10--01039--005 **416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
7940 Via Dellagio Way

3. Mailing Office Address
7940 Via Dellagio Way

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Orlando

City & State
Orlando

Zip
32819

Country
USA

Zip
32819

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 01/07/2004

6. FEI Number
200552407

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
Charles Whittall

Street Address (P.O. Box Number is Not Acceptable)
7940 Via Dellagio Way

Suite, Apt. #, Etc.
Suite 200

City Orlando

State
FL

Zip Code
32819

☒ 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 25 February 2010

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	Charles Whittall	7940 Via Dellagio Way, Suite 200	Orlando, FL 32819

200171271332
03/12/10--01004--006 **138.75

REINSTATEMENT 2007-2010

11. E-mail Address: AmyB@UnicorpUSA.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the owner 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 the suspension 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.

Signature of

Managing Member/Manager

Date

25 February 2010

Daytime Phone #

407-999-9985

Typed or printed name of signing Managing Member/Manager Charles Whittall