

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 FEB -4 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000020244

1. Limited Liability Company's Name

OP EQUITY PARTNERS, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 1001 Armstrong Blvd.		3. Mailing Office Address 1001 Armstrong Blvd.	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite A	
City & State Kissimmee, FL		City & State Kissimmee, FL	
Zip 34741	Country USA	Zip 34741	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 03/16/2004	
6. FEI Number 20-0998243	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Brian M. Mark		
Street Address (P.O. Box Number is Not Acceptable) 104 Church Street		
Suite, Apt. #, Etc.		
City Kissimmee	State FL	Zip Code 34741

☐ 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

Brian M. Mark

Date **1-23-08**

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
MGR	OP EQUITY, INC.	1001 Armstrong Blvd., Suite A	Kissimmee, FL 34741

100116339961
01/29/08--01020--024 **655.00

REINSTATEMENT 05-08

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.

Signature of
Managing Member/Manager

B.H. Guttman

Date **1/14/08**

Daytime Phone # **407-847-8200**

Typed or printed name of signing Managing Member/Manager

B.H. Guttman