

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 SEP -4 AM 10:40

DOCUMENT # L040000 32699

1. Limited Liability Company's Name

Parle Avenue Villas, LLC

2. Principal Office Address - No P.O. Box #

2959 Apalachee Pkwy

3. Mailing Office Address

5/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

Country

32301

U.S.

Zip

Country

8. Name and Address of Current Registered Agent

Name

Hartman Law Firm, P.A.

Street Address (P.O. Box Number is Not Acceptable) Suite,

2865 Remington Green Circle

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

4. State/Country of Formation

FL - VS

5. Date Organized or Qualified To Do Business in Florida

4/29/2004

6. FEI Number

20-1084965

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status.

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

[Signature]

Date

9-2-15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Prime Assets of Tallahassee, LLC	2959 Apalachee Pkwy Tallahassee, FL 32301	Tallahassee, FL 32301
			S. HAWKES
			NOV 16 A.M.
			EXAMINER

REINSTATEMENT

2009 - 2015

11. E-mail Address:

dane.FLlegalteam.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

[Signature]

Date

9-2-15

Daytime Phone #

850-443-1754

Typed or printed name of signing authorized representative/member

Daniel W. Hartman, Esq. Authorized Representative

Hold until Tuesday morning not all.

CR2E041 (1/14)

OK to file