

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUL 28 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT #

L04000036464

1. Limited Liability Company's Name

Company Outlet at LRV, LLC

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

15629 S. Apopka Rd.

Suite, Apt. #, etc.

LK. Buena Vista Factory Stores

City & State

Orlando, FL

Zip

32821

Country

USA

3. Mailing Office Address

220 N. Orange Blossom Trl.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/13/04

6. FEI Number

☒ 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

Christopher Weising

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

220 N. Orange Blossom Trail

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32805

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

Christopher Weising

Date 7/21/09

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
Member	Christopher T. Weising (19%)	220 N. Orange Blossom Trl.	Orlando, FL 32805
Managing Member	René A. Weising (99%)	220 N. Orange Blossom Trl.	Orlando, FL 32805

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REINSTATEMENT

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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

Christopher T. Weising

Date 7/21/09

Daytime Phone #

407-481-1172

Typed or printed name of signing Managing Member/Manager

Christopher T. Weising