

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUN 30 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800157364268
06/17/09--01080--002 **416.25

CR2E041 (10/08)

DOCUMENT # L04-51648

1. Limited Liability Company's Name

CLASSIC OAKS VILLAGE LLC

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

255 N.W. 40th AVE

Suite, Apt. #, etc.

3. Mailing Office Address

3 COTTONWOOD FLAT

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

ORMOND BEACH

Zip

34482

Country

MARION

Zip

32174

Country

FLORIDA

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

7-13-2004

6. FEI Number

201371460

☐ 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

GLENNON L. HENDRIX

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

3 COTTONWOOD FLAT

Suite, Apt. #, Etc.

City

ORMOND BEACH

State

FL

Zip Code

32174

☒ 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

Glenn L. Hendrix

REGISTERED AGENT MUST SIGN

Date 6-15-09

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 PRES	<u>GLENNON L. HENDRIX</u>	<u>3 COTTONWOOD FLAT</u>	<u>ORMOND BEACH</u> 32174
MGRM SECY	<u>PATRICIA L. HENDRIX</u>	<u>3 COTTONWOOD FLAT</u>	<u>ORMOND BEACH</u> 32174

REINSTATEMENT

07-09

AL

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

Glenn L. Hendrix

Date

6-15-09

Daytime Phone #

386-451-1815

Typed or printed name of signing Managing Member/Manager

GLENNON L. HENDRIX