

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000061300

1. Entity Name
ST. JOHNS RESERVE, LLC



SECRETARY OF STATE
DIVISION OF CORPORATE & FINANCIAL SERVICES
05 JAN 24 AM 10:11

Principal Place of Business
2006 W. FAIRBANKS
WINTER PARK, FL 32789

Mailing Address
2006 W. FAIRBANKS
WINTER PARK, FL 32789

2. Principal Place of Business

300 S. Orange Ave.

Suite, Apt. #, etc.
1210

City & State

Orlando, FL

Zip
32801

Country
Orange

3. Mailing Address

300 S. Orange Ave.

Suite, Apt. #, etc.
1210

City & State

Orlando, FL

Zip
32801

Country
Orange

12052005 REIN-LLC CR2E101 (6/04)

4. FEI Number

20-3124062

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, SCOTT D
655 W. MORSE BLVD.
SUITE 212
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Scott Clark

(NOTE: Registered Agent signature required when reinstating)

1/16/05
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
M Ron Meers
STREET ADDRESS 300 S. Orange Ave Ste. 1210
CITY-ST-ZIP Orlando, FL 32801

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500065184555
CITY-ST-ZIP 02/03/06--01047--025 **200.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Amy Bea Meers-Morales* AMY BEA MEERS-MORALES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/4/5 407-398-0301
Date Daytime Phone #