

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC 10 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **L04000064345**

1. Limited Liability Company's Name

**Diamond Lit MH Park, LLC**

CR2E041 (12/07)

|  |                       |  |                       |
|--|-----------------------|--|-----------------------|
| 2. Principal Office Address - No P.O. Box #<br><del>5028 50th Way</del> <b>5028 50th Way</b> |                       | 3. Mailing Office Address<br><b>P.O. BOX 912</b> |                       |
| Suite, Apt. #, etc.<br>/   |                       | Suite, Apt. #, etc.<br>/                         |                       |
| City & State <b>WEST PALM BCH. FL</b><br><del>KODAK, TN</del>                                |                       | City & State<br><b>KODAK, TN</b>                 |                       |
| Zip <b>33409</b><br><del>33409</del>   | Country<br><b>USA</b> | Zip <b>37764</b>                                 | Country<br><b>USA</b> |

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified

To Do Business in Florida **AUG. 31, 2004**

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

**WALTER LUCHSINGER**

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

**W. 900 ~~50th Way~~ 5028 50th Way**

Suite, Apt. #, Etc.

City

**WEST PALM BEACH**

State

**FL**

Zip **33409**  
~~33409~~

☐ 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

**Walter Luchsinger**  
REGISTERED AGENT MUST SIGN

Date **12-07-09**

**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   | Walter Luchsinger                 | <del>5028 50th Way</del> <b>5028 50th Way</b>  | <del>WEST PALM BEACH FL 33409</del> <b>WEST PALM BEACH FL 33409</b> |
|        | L. SELLERS                        |  |   |
|        | DEC 11 2009                       |  |   |
|        | EXAMINER                          |  |   |

**REINSTATEMENT**

000163478740  
12/09/09--01035--013 \*\*660.00

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

**Walter Luchsinger**

Date **12-07-09**

Daytime Phone #

**(865) 599-9981**

Typed or printed name of signing Managing Member/Manager

**WALTER LUCHSINGER**