

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -9 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

LCY 000071939

211 Fairway Ridge, LLC

300168345483
02/09/10--01025--014 **\$16.25
CR2E041 (11/09)

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

38220 Willoughby Parkway

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

4. State/Country of Formation

FL / US

5. Date Organized or Qualified To Do Business in Florida

10/05/2004

6. FEI Number

753170334

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

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.

8. Name and Address of Current Registered Agent

Name

Richard T. Davis

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

901 N. Olive Avenue

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401

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

Richard Davis

Date 2/3/2010

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
MGRM	John DeLillo	38220 Willoughby Pkwy	Willoughby oh 44094
MGRM	Lynlee Altman	38220 Willoughby Pkwy	Willoughby oh 44094
MGRM	SELLERS	33807 Lakeshore Blvd	Lakeline oh 44095
FEB 10 2010			
EXAMINER		REINSTATEMENT 08-2010	

11. E-mail Address: john @ ohio parking . com

(To be used for future annual report notifications)

12. 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

[Signature]

Date 2/3/2010

Daytime Phone # 440-479-9344

Typed or printed name of signing Managing Member/Manager John DeLillo