

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 18 PM 1:12

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000012913

1. Limited Liability Company's Name

Link Property II, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 6011 Waverly Road		3. Mailing Office Address 1517 Oakfield Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weeki Wachee, FL		City & State Brandon, FL	
Zip 34607	Country USA	Zip 33511	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 2/8/2005	
6. FEI Number 20-2347262	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Jeffrey M. Lasman, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 6152 Delancey Station Street	
Suite, Apt. #, Etc. Suite 205	
City Riverview	State Zip Code FL 33578

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

Date **12/12/07**

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	Shirley A. Link	6011 Waverly Road	Weeki Wachee, FL 34607
			900113205053
			12/17/07--01067--012 **200.00
	REINSTATEMENT	2007	

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

Date **12/6/07**

Daytime Phone # **352-597-8173**

Typed or printed name of signing Managing Member/Manager

Shirley A. Link