

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 18 PM 1:12

DOCUMENT # L05000012917

1. Limited Liability Company's Name

Link Property I, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
6011 Waverly Road

Suite, Apt. #, etc.

City & State
Weeki Wachee, FL

Zip
34607

Country
USA

3. Mailing Office Address
1517 Oakfield Drive

Suite, Apt. #, etc.

City & State
Brandon, FL

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
20-234 7000

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
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
FL

Zip Code
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

REGISTERED AGENT MUST SIGN

Date **12/12/07**

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

REINSTATEMENT

2007

200113205102
12/17/07--01067--012 **200.00

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.

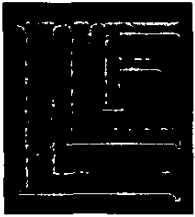
Signature of
Managing Member/Manager

Date **12-6-07**

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

Typed or printed name of signing Managing Member/Manager

Shirley A. Link



**Lasman
Law Firm**

Lasman Law Firm, P.A.
Winthrop Town Centre

Post Office Box 1907
Brandon, Florida 33509

6152 Delancey Station Street
Suite 205
Riverview, Florida 33569
Telephone: 813-681-7725
Facsimile: 813-681-8842
www.lasmanlaw.com

Ian S. Giovinco, Of Counsel

December 14, 2007

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Reinstatement - *Link Property I, LLC* and *Link Property II, LLC*
Our File Nos. 05-01-005-L and 05-01-006-L

Dear Sir or Madam:

Enclosed please find Reinstatement forms for the above-referenced limited liability companies along with a check in the amount of \$200.00 in payment of the filing fee. Please file these documents at your earliest convenience.

If you have any questions regarding this matter, please do not hesitate to contact me.

Very truly yours,

LASMAN LAW FIRM, P.A.


Jeffrey M. Lasman

JML/ph
Enclosures

Satellite Offices

520 South Florida Avenue
Lakeland, Florida 33801

550 North Reo Street, Suite 300
Tampa, Florida 33609