

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000020169

1. Limited Liability Company's Name
SNOWBIRDS INN, LLC

07

BK

CR2E041 (1/07)

FILED
08 JAN 10 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

910 E. Memorial Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

910 E. Memorial Boulevard

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33801

Country

USA

Zip

33801

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 2/28/2005

6. FEI Number

34-2038057

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

THE RINALDO LAW FIRM, P.A.

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

1102 South Florida Avenue

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33803

☐ 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

William J. Chiang

Date

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	George Y. Chiang	910 E. Memorial Boulevard	Lakeland, Florida 33801

900115396179
01/17/08--01/27--023 **382.50

REINSTATEMENT 2007-2008

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

George Y. Chiang

Date

Daytime Phone # 863-686-7101

Typed or printed name of signing Managing Member/Manager George Y. Chiang