

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

08 APR 15 AM 10:42

**DOCUMENT # L05000024081**

1. Limited Liability Company's Name

**Kent Properties LLC**

CR2E041 (12/07)

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

**1404 Stickley Avenue**

Suite, Apt. #, etc.

City & State

**Celebration FL**

Zip

**34747**

Country

**USA**

3. Mailing Office Address

**215 Celebration Place**

Suite, Apt. #, etc.

**Suite 500**

City & State

**Celebration FL**

Zip

**34747**

Country

**USA**

4. State/Country of Formation

**USA**

5. Date Organized or Qualified  
To Do Business in Florida

**03/09/2005**

6. FEI Number

**None**

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

**Kenneth Tinkler**

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

**215 Celebration Place**

Suite, Apt. #, Etc.

**Suite 500**

City

**Celebration**

State  
**FL**

Zip Code  
**34747**

☒ 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

*Kenneth P. Tinkler*

Date **Feb 20th 2008**

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	Executive Hotels Ltd	1404 Stickley Avenue	Celebration / FL / 34747

600119250586  
03/03/08--01009--004 \*\*421.25

**REINSTATEMENT**

*w/o 06-08*

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

*Kenneth P. Tinkler*

Date **Feb 20th 2008**

Daytime Phone # **407 9259408**

Typed or printed name of signing Managing Member/Manager

**Kenneth P Tinkler.**