


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-15-06
100.00

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 13 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700097309647
04/18/07--01014--008 **105.00

JSS

CR2E041 (1/07)

DOCUMENT # L05000031661

1. Limited Liability Company's Name

MOUNT VERNON PLAZA EN CORTEZ, LLC

2. Principal Office Address - No P.O. Box # 3639 CORTEZ RD WEST Suite, Apt. #, etc. SUITE 200 City & State BRADENTON FL Zip 34210		Country USA		3. Mailing Office Address 3639 CORTEZ RD WEST Suite, Apt. #, etc. SUITE 200 City & State BRADENTON FL Zip 34210		Country USA	
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4. State/Country of Formation USA	
5. Date Organized or Qualified To Do Business In Florida 3/31/05	
6. FEI Number 25 1918759	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
JUDY A. WITT % WAGNER REALTY

Street Address (P.O. Box Number is Not Acceptable)
3639 CORTEZ RD WEST

Suite, Apt. #, Etc.
SUITE 200

City
BRADENTON

State
FL

Zip Code
34210

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 Judy A. Witt Date 3-7-07

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	CALVIN D. WEENER, SR.	6928 120 TH AVE	HOLLAND MI 49424
MGRM	EMILY WEENER	6928 120 TH AVE	HOLLAND MI 49424
MGR	JUDY A. WITT	3639 CORTEZ RD W.#200	BRADENTON FL 34210
MGR	RONALD A. CORNETTE	3639 CORTEZ RD W.#200	BRADENTON FL 34210

REINSTATEMENT 06-07

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 Calvin D. Weener Sr. Date 3/7/07 Daytime Phone # 941 727-2800

Typed or printed name of signing Managing Member/Manager _____