

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV -7 PM 4:40

DOCUMENT # L05000050433

1. Limited Liability Company's Name

ORANGE GROVE PARTNERS, LLC.

CR2E041 (8/05)

2. Principal Office Address  
13073 LAKE ROPER COURT

3. Mailing Office Address  
13073 LAKE ROPER COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINDERMERE, FL.

City & State

WINDERMERE, FL.

Zip  
347876

Country  
USA

Zip  
34786

Country  
USA

4. State/Country of Formation  
FLORIDA, VOLUSIA

5. Date Organized or Qualified  
To Do Business in Florida 05/20/2005

6. FEI Number  
20-3042535

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  
MARIA I. MONDEJA

Street Address (P.O. Box Number is Not Acceptable)  
13073 LAKE ROPER COURT

Suite, Apt. #, Etc.

City  
WINDERMERE

State  
FL

Zip Code  
34786

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 See below

REGISTERED AGENT MUST SIGN

Date NOVEMBER 02, 2006

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 MRS.	MARIA I. MONDEJA	13073 LAKE ROPER COURT	WINDERMERE, FL. 34786

REINSTATEMENT 2006

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 NOVEMBER 02, 2006

Daytime Phone # 407-506-7830

Typed or printed name of signing Managing Member/Manager MARIA I. MONDEJA