## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	S	DEPARTMEN Secretary of S	itate	Έ	1	FILE [		
DOCUMENT # LOSOOO58808  1. Limited Liability Company's Name					PALLAHASSEE. FLORIDA			
FORREST PATH, LLC.					600179439236 04/30/1001046019 **421.25 CR2E041 (11/09)			
2. Principal Office Address - No P.O. Box #	3. Mailing Of		CE AIF	.	A State/Coun	try of Formation	,	
Suite, Apt. #, etc.	S. ORANGE AUE			4. State/Country of Formation FUNDA, USA				
# 120	20 # 120 City & State			_	5. Date Organized of Qualified To Do Business in Florida  2005			
Ulland Full A	Country			5744937	Applied For Not Applicable			
328ay USA	2ip 3282	24	USA-		7. CERTIFICATE	OF STATUS DESIRED 🔀	\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent								
Name Kimberly BONNEAU					A \$100 reinstatement fee is imposed, except in circumstances which the entity did not			
Street Address (P.O. Box Number is Not Acceptable)					receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
Suite, Apt. #, Etc.								
City ORLANDO	State FL	State Zip Code			ement be walved.			
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 Date 4/28/2010  REGISTERED AGENT MUST SIGN								
10. Names and Street Addresses of Managing Members/Managers								
Titles Name of Managing Members/Manage	Name of Managing Members/Managers		Street Address of Each Managing Member/Manag			City /	State / Zip	
MGR William Collins		IDSOIS DRANGE AUE						
MGR Kimberly Gonned	10015-Deange Le# 120			2# 120	ORIANDO	FL 32824		
NoR Michael Godoy		10501 5. Drang Ar #121			r#120	Orlando, H	4 32824	
RE	IENT	<b>/</b> )Y-	-10					
			·	O v	,			
11. E-mail Address: MC NP WOLLO BLUSWH, NO L  (To be used for future annual report notifications)								
12. 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 filling 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 WWWY GWWWW Date 4/28/2010 Daytime Phone # 991-353-3325								
Typed or printed name of signing Managing Member/Manager								