

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 16 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RDD110897398
10/17/07-01036-001 **100.00

CR2E041 (1/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000063608

1. Limited Liability Company's Name

FLOTRIN PROPERTIES, LLC

2. Principal Office Address - No P.O. Box #
2454 Lake Cora Rd.

Suite, Apt. #, etc.

City & State
APOPKA, FLORIDA

Zip
32712

Country
USA

3. Mailing Office Address
2454 Lake Cora Rd.

Suite, Apt. #, etc.

City & State
APOPKA, FLORIDA

Zip
32712

Country
USA

4. State/Country of Formation
FLORIDA, usa

5. Date Organized or Qualified
To Do Business in Florida **6/27/05**

6. FEI Number

☒ 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
Hedley H. John

Street Address (P.O. Box Number is Not Acceptable)
2454 Lake Cora Rd.

Suite, Apt. #, Etc.

City
APOPKA

State
FL

Zip Code
32712

☒ 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

Date **10/12/07**

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
MAN	Hedley H. John	2454 Lake Cora Rd.	APOPKA, FLORIDA, 32712

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 **10/12/07**

Daytime Phone# **561- 502 7054**

Typed or printed name of signing Managing Member/Manager

HEDLEY HEDWIG JOHN