

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 OCT 27 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO5000071304

1. Limited Liability Company's Name

Park Plaza Holdings, LLC

CR2E041 (05/10)

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

2949 West SR 434

Suite, Apt. #, etc.

Suite 300

City & State

Longwood FL

Zip

32749

Country

Seminole

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7/20/05

6. FEI Number

20-3185277

☐ 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 George P. Donovan

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

2949 West SR 434

Suite, Apt. #, Etc.

Suite 300

City

Longwood

State

FL

Zip Code

32779

800186947398

10/21/10--01028--017 **113.75

10/12/10--01002--011 **125.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-19-2010

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 |
|--------|--------------------------------------|---|-----------------------|
| Mr | George P. Donovan | 2949 W. SR 434, Ste 300 | Longwood, FL 32779 |

REINSTATEMENT

2010

CR 10-28-10

11. E-mail Address: g.donovan@parkplazaholdings.com

(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 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

[Signature]

Date 10-19-10

Daytime Phone # (407) 696-4314

Typed or printed name of signing Managing Member/Manager George P. Donovan