

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 OCT -2 P 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05 000079813

1. Limited Liability Company's Name

Hibiscus Center Owners Association LLC

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

5529 W. Bayshore Dr.

Suite, Apt. #, etc.

City & State

Port Orange, FL

Zip

32127

Country

USA

3. Mailing Office Address

5529 W. Bayshore Dr.

Suite, Apt. #, etc.

City & State

Port Orange, FL

Zip

32127

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

8/12/05

6. FEI Number  
20-3867219

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

Joyce Strode

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

5529 W. Bayshore Dr.

Suite, Apt. #, Etc.

City

Port Orange

State

FL

Zip Code

32127

☐ 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

*Joyce Strode*

REGISTERED AGENT MUST SIGN

Date 8/29/08

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
MGR	Kevin Ward	2808 Hibiscus Dr. #1	Edgewater, FL 32141
MGR	Craig S. Kamm	2808 Hibiscus Dr. #8	Edgewater, FL 32141
			300135374663 10/07/08--01016--023 **416.25
			300135374663 09/04/08--01041--001 **100.00
			REINSTATEMENT 06-08 AL

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

*Kevin Ward*

Date 8/29/08

Daytime Phone # 386-424-1662

Typed or printed name of signing Managing Member/Manager Kevin Ward