2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000106383

1. Entity Name
201 TERRA LAGO STREET, LLC

FILED
08 NOV 26 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11122008 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
201 TERRA LAGO STREET DAVENPORT, FL 33897	9011 SPYGLASS HILL DRIVE O'FALLON, MO 63368

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUPERIOR PROPERTY MANAGEMENT, LLC 9230 W. US HWY 192 CLERMONT, FL 34714	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Scott Christine Weaver 11/21/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $238.75
After January 1, 2009, Fee will be $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SCOT A. WEAVER LIVING TRUST DTD 08/26/05 9011 SPYGLASS HILL DRIVE O'FALLON, MO 63368	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900138235069 11/24/08--01051--024 **238.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHRISTINE A. WEAVER LIVING TRUST 08/26/05 9011 SPYGLASS HILL DRIVE O'FALLON, MO 63368	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 08	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Scott Christine Weaver 11/21/08 6365782220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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