

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000122225

1. Limited Liability Company's Name

Palm Harbor Properties, LLC

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

1100 Peachtree Street NE

Suite, Apt. #, etc.

Suite 1500

City & State

Atlanta, GA

Zip

30309

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 12/23/05

6. FEI Number

204040585

☐ 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

Jerry E. Aron, P.A.

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

2505 Metrocentre Boulevard

Suite, Apt. #, Etc.

Suite 301

City

West Palm Beach

State

FL

Zip Code

33407

☐ 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

Jerry E. Aron

REGISTERED AGENT MUST SIGN

Date

12/16/08

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
MGRM	Eduard deGuardiola	1100 Peachtree Street NE, Suite 1500	Atlanta, GA 30309

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12/18/08--01036--008 **377.50

REINSTATEMENT

07-084L

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

Eduard deGuardiola

Date

12-17-08

Daytime Phone #

404 995 4446

Typed or printed name of signing Managing Member/Manager Eduard deGuardiola