

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 30 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000029511

1. Limited Liability Company's Name

Johns Creek 210, LLC.

W10-23476

CR2E041 (11/09)

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

113 Nature Walk Parkway PO BOX 600144

Suite, Apt. #, etc.

suite #108

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

Jacksonville, FL

Zip

32092

Country

US

Zip

32260

Country

US

4. State/Country of Formation

FL/US

5. Date Organized or Qualified
To Do Business in Florida

03/20/2006

6. FEI Number

20-4559470

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

Benjamin Joseph, Jr.

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

113 Nature Walk Parkway

Suite, Apt. #, Etc.

Suite #108

City

St. Augustine

State

FL

Zip Code

32092

☒ 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

Benjamin Joseph, Jr.

REGISTERED AGENT MUST SIGN

Date 06/07/2010

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
MGRM	Benjamin Joseph, Jr.	PO BOX 600144	Jacksonville/FL/32260
		L. SELLERS	
	70018409347	JUL -1 2010	REINSTATEMENT
	5/5/10 01006/025	EXAMINER	08-2010
	4450.00		

11. E-mail Address.

(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

Benjamin Joseph, Jr.

Date 06/07/2010

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Benjamin Joseph, Jr.